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TO CREATE A PHARMACY CORPS IN  
THE REGULAR ARMY.

HEARINGS. 77-2 CONG. HOUSE  
COMMITTEE ON MILITARY AFFAIRS.

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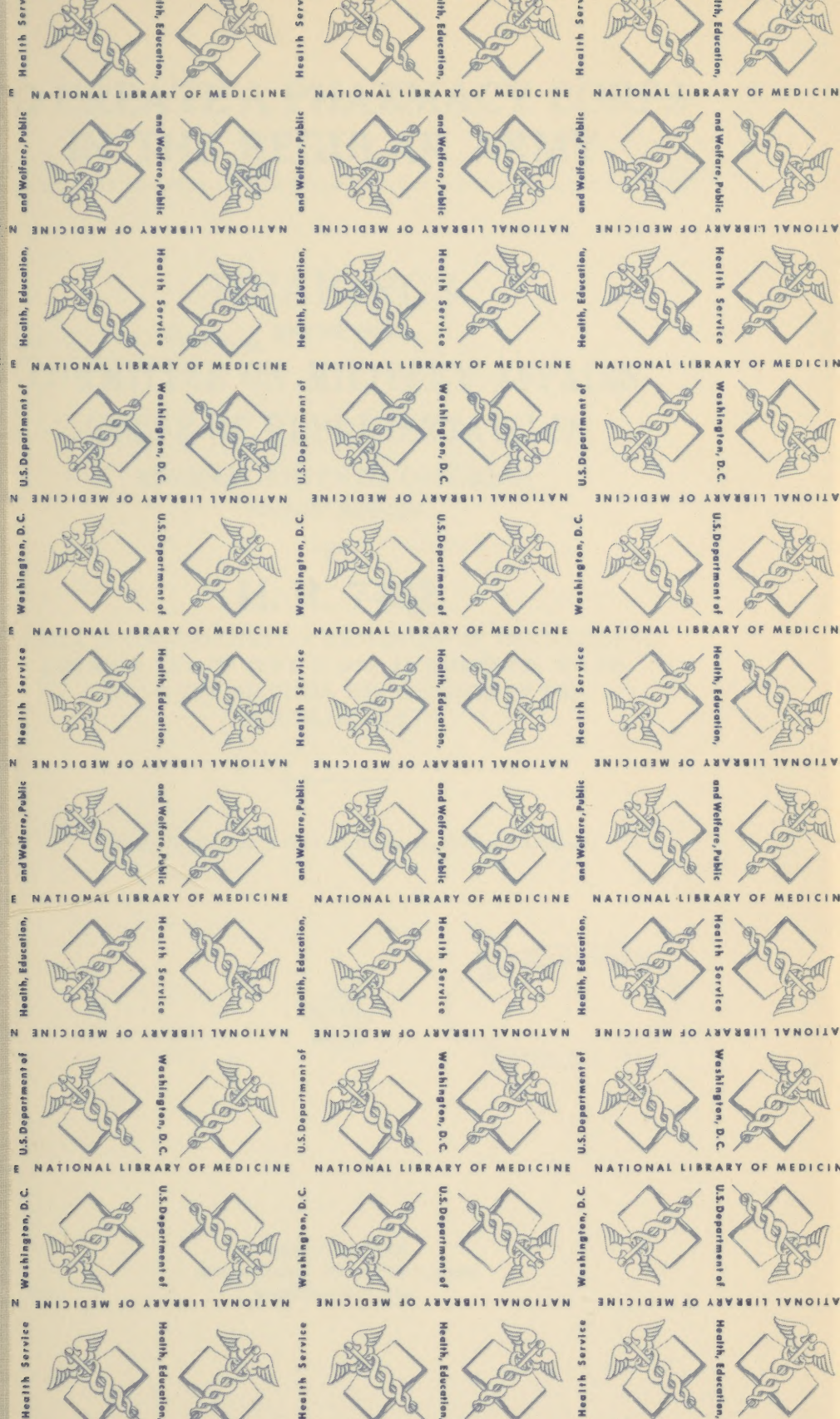
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# TO CREATE A PHARMACY CORPS IN THE REGULAR ARMY

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## HEARINGS

U. S. Congress. House.

BEFORE THE

COMMITTEE ON MILITARY AFFAIRS

HOUSE OF REPRESENTATIVES

SEVENTY-SEVENTH CONGRESS

SECOND SESSION

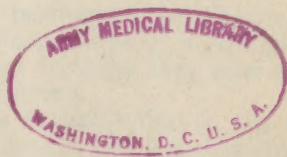
ON

### H. R. 7432

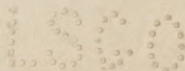
A BILL TO AMEND CERTAIN PROVISIONS OF THE NATIONAL  
DEFENSE ACT OF JUNE 3, 1916, AS AMENDED, RELAT-  
ING TO THE MEDICAL DEPARTMENT OF THE  
REGULAR ARMY

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## TO CREATE A PHARMACY CORPS IN THE REGULAR ARMY

TUESDAY, NOVEMBER 17, 1942

HOUSE OF REPRESENTATIVES,  
COMMITTEE ON MILITARY AFFAIRS,  
Washington, D. C.

The committee this day met, Hon. Andrew J. May (chairman) presiding.

The CHAIRMAN. The principal item of business this morning is H. R. 7432, to amend certain provisions of the National Defense Act of June 3, 1916, as amended, relating to the Medical Department of the Regular Army.

We will hear at this time from General McAfee.

### STATEMENT OF BRIG. GEN. LARRY B. McAFEE, ASSISTANT TO THE SURGEON GENERAL, WAR DEPARTMENT

The CHAIRMAN. General, will you explain this bill, H. R. 7432?

General McAFEE. This bill provides for the establishment of a Pharmacy Corps in lieu of the Medical Administrative Corps; in other words, substitute the name Pharmacy Corps for the M. A. C.

The CHAIRMAN. You represent the Surgeon General's Department? General McAFEE. I do.

The CHAIRMAN. And you are authorized to speak for them?

General McAFEE. Yes, sir.

The CHAIRMAN. You might tell us what you know about the legislation, whether you are opposed to it, and so forth.

General McAFEE. The Surgeon General's Office and the War Department are not in favor of this legislation.

The CHAIRMAN. You may state your reasons.

General McAFEE. This legislation is permanent legislation. It provides for a corps known as the Pharmacy Corps of a strength of 72 Regular officers with certain promotion features that now raises the ceiling of the M. A. C. of the Regular Army.

We feel that the needs in the pharmacy branch—that is, the safeguarding of and compounding of prescriptions, is now provided in our hospitals and our field installations, and that the technical service rendered by registered pharmacists does not demand or merit a commission.

In our M. A. C., under the legislation passed in 1935, there were substituted registered pharmacists for members of the M. A. C., which was provided for after the last war.

The CHAIRMAN. Under the act of 1916, was it not?

General McAFEE. 1919, I think it was.

The CHAIRMAN. 1919?



General McAFEE. Yes; this provides for the Medical Administrative Corps, a corps of 72 members who were taken from enlisted men of the Medical Corps after 2 years enlistment, who were commissioned in the M. A. C.

The purpose of this corps originally was to use it as an orienting group of the Medical Department in which officers could be placed that made technical contribution to care of the sick, although they were not directly on medical duty in the Federal service.

This corps did not develop to the extent that we wanted it to, and in 1935, under Surgeon General Reynolds, a bill changing the composition of the corps was introduced, which provided that all members of the M. A. C., that is all vacancies should be filled by registered pharmacists to the number of 16.

This bill was enacted into law at the present time the M. A. C., which consisted originally of 72 members, has been reduced by attrition, through the appointment of registered pharmacists to the number of 16. And, the old provision for commissioning enlisted men from the Medical Department was dropped. Therefore at the present time, in the regular service there are 16—eventually there will be 16 pharmacists only and they will all, of course, be qualified as pharmacists, and there will be none of the old members of the M. A. C. replaced as they drop out.

The CHAIRMAN. How many members of the old M. A. C. are there now?

General McAFEE. It is my recollection that there are around 55 or 56.

The CHAIRMAN. And that has been reduced from 72 originally down to 55 or 56?

General McAFEE. Yes, sir.

The CHAIRMAN. Now, does that include the 16 pharmacists who you have referred to?

General McAFEE. The 16 pharmacists have all been appointed now so that number will gradually reduce from the total 72 in the M. A. C. down to 16.

The CHAIRMAN. Without interrupting your statement too much I am interested somewhat in your statement that compounding of drugs, their handling and the precautions are being satisfactorily handled by the Medical Administrative Corps which this bill would displace and substitute the Pharmacists Corps for it.

General McAFEE. Yes.

The CHAIRMAN. I am just curious to find out how much medical qualifications, medical experience and medical administrative qualification are in use now?

General McAFEE. In the Medical Administrative Corps there are a few pharmacists, regular pharmacists in that corps; very few of them. But in the operation of the Dispensaries we have used non-commissioned officers, men who qualified by experience.

The CHAIRMAN. And what kind of experience? That is what I want to find out.

General McAFEE. Within the Army itself.

The CHAIRMAN. Do you have a school for pharmacists in the Army that teaches these men how to compound drugs?

General McAFEE. Yes.

The CHAIRMAN. And make the necessary compositions?



General McAFEE. Before the emergency we had a school at Walter Reed Medical Center and since the training period started we have established at first 5 and then 10 technical training schools for enlisted men. However, we have trained, we have given this training to comparatively few pharmacists because we are able to satisfy the demand from those registered pharmacists who have been brought in through the operation of the selective-service law and we feel that we will have technical grades for all the registered pharmacists that may be inducted.

The CHAIRMAN. I am just a little curious to know about how these dangerous drugs, these habit-forming drugs, are furnished, and how they are being handled by men in the Army, those who have not had any educational training before they got into the Army and who did not know, as a matter of fact, anything about drugs until they went to the Army training school.

General McAFEE. Our dispensaries are all under the supervision of an officer of the medical service and he is responsible for the operation of the pharmacy, and he also with officers, these 16 officers that we have now, are qualified pharmacists. In addition to other duties of a military nature they are also directly in charge of supervision, and they continue to operate the pharmacy in peacetime. They are all trained men, and the pharmacist has not carried a commission.

Mr. THOMASON. What is the rank of the 16 commissioned officers?

General McAFEE. They came in under the provision of the M. A. C. with the rank as second lieutenants promoted to the rank of captain at the end of 5 years—at the end of 9 years I believe to a captaincy. Second lieutenant on to first lieutenant and then to captain.

Mr. THOMASON. That is as high as they can go?

General McAFEE. That was as far as they could go in the Regular service. However, we appreciate that the M. A. C. Reserve furnished us an organization with which we could relieve medical officers of many of the purely military matters that those officers attend to in the service and so we asked the Congress for a bill for the emergency to lift the ceiling on the M. A. C. officers. This was passed and at the present time we can promote or appoint up to colonelcy in the M. A. C. This is an emergency provision.

Mr. THOMASON. What are these men in M. A. C. other than pharmacists?

General McAFEE. Most of them are men of experience in administration in peacetime.

Mr. THOMASON. But you say only 16 are commissioned officers in the entire Army?

General McAFEE. Eventually when the nonpharmacists leave or are retired the M. A. C. will not be replaced so long as there are 16 registered pharmacists in the corps. So therefore the corps will gradually by attrition work from 72 officers down to 16.

Mr. THOMASON. Sixteen commissioned pharmacists in the whole Army?

General McAFEE. Well, they will all be qualified pharmacists.

Mr. THOMASON. Approximately how many pharmacists would you say, with or without commissions, do you have in the service now?

General McAFEE. At the present time we have pharmacists, our objective is something like 5,000 in an Army of 4,600,000—

Mr. THOMASON. You have brought in a lot from civilian life through the selective service?



General McAFEE. Yes; and we are placing these pharmacists that come in through the selective service, from civilian life, in technical grades as pharmacists.

Now, we use them with divisions, we use them in the evacuation hospitals, in the field hospitals, in the station hospitals and in the general hospitals.

Mr. THOMASON. By way of illustration let us say that John Jones is 35 years old, is a graduate of a pharmacy school, with 10 years' active experience and well qualified, and he is called into the service; what do you make of a fellow of that kind?

General McAFEE. Of course, he came in by the selective service.

Mr. THOMASON. I understand.

General McAFEE. And at the reception center he will be assigned to the Medical Department. The Medical Department will assign him to a unit where he can practice his profession.

Mr. THOMASON. What is his rank?

General McAFEE. He may have the rank of corporal, a sergeant, a staff sergeant or a technical sergeant, according to whether or not there are vacancies in the organization, in the unit to which he is assigned.

Mr. THOMASON. Well, General, do you feel you are being quite fair with these men in that profession? He is a graduate of a pharmacist school, and to use the illustration I mentioned before, he is 35 years old, with a good big salary that may be as much as three, four, or five thousand dollars, and yet you make him a corporal. When a young doctor or a young lawyer or somebody else comes in, why he is made at least a second lieutenant. That is administrative. I am just wondering if you are being quite fair.

General McAFEE. Of course, Mr. Thomason, he has the opportunity just the same as any other enlisted man in the Medical Corps to qualify himself as a candidate at the officers' candidate training school and on being successful he is made a second lieutenant.

Mr. THOMASON. Well, he is a pharmacist. That would put him out in the combat service. He would like to continue the practice of his profession. He has gone to college, graduated, and would not need to go to an officers' candidate school to come out as a second lieutenant if he is going back to his profession, and he is just like other professional men; he wants to do the same thing as any other man.

General McAFEE. Of course, we cannot afford to use them at full time as an officer in the dispensary. That is our position on that.

The CHAIRMAN. He is not going to be commissioned unless he comes in this group of commissioned officers you have referred to.

General McAFEE. We feel, according to the demand for pharmacists, that we will be able to get them, on a rating as pharmacists in our installations.

The CHAIRMAN. How many of this 5,000 group you said there was are still in the rank of privates?

General McAFEE. I could not say as to that.

The CHAIRMAN. The vast majority?

General McAFEE. As I follow the assignment of these officers, of these pharmacists, I find that any that are with the line, serving with the line and we get reports on them we report them to The Adjutant General; they are reclassified as pharmacists and sent to us in the Medical Department.



Right now in order to satisfy the demands of the Air Corps we are canvassing the whole Army to find out how many registered pharmacists are serving in the line in order that they may be assigned to the Air Corps, Medical Department.

The CHAIRMAN. Mr. Sparkman.

Mr. SPARKMAN. What about the case that I happen to know about of the pharmacist who tried for some time to get into the Army; he was not subject to the draft. He wanted in the Navy. Not meeting with any success he made application for voluntary officers' training school and is now training for a commission as a line officer.

General McAFEE. Yes.

Mr. SPARKMAN. Suppose he gets his commission. You are canvassing the Army and you will find him. Of course I think you would agree that it would be unwise use of manpower to take a qualified pharmacist and put him out as a second lieutenant in the infantry. What would you do with him?

General McAFEE. Of course, if he qualifies as an Infantry officer he will continue to serve as such.

Mr. SPARKMAN. You would not take him and transfer him over to some Medical Department?

General McAFEE. We would not transfer him to a noncommissioned grade, no.

Mr. SPARKMAN. Do you not think it is wasteful of the manpower to use the pharmacist in that way?

General McAFEE. Not if we have sufficient pharmacists to satisfy our demands; and we have.

Mr. SPARKMAN. Well, just what do we have?

General McAFEE. We feel that we will have an assignment for every registered pharmacist that comes into the service.

Now, in the case of the man who volunteers—and we had a number of them. We did not encourage pharmacists to volunteer. But we still feel that we can assign every inducted man, who is a pharmacist, to a job as a pharmacist in a medical unit.

Mr. SPARKMAN. You think you have got a sufficient number of pharmacists to supply the needs of the armed service and also to supply the needs of the civilian demands?

General McAFEE. I do not know as to that, but we are also prepared to qualify our enlisted men in pharmacy through technical training schools.

Mr. SPARKMAN. How long would that take?

General McAFEE. It is a 3-months' course.

Mr. SPARKMAN. I thought these pharmacists had to go through college.

General McAFEE. They have a 4-year course.

The CHAIRMAN. Will the gentleman from Alabama yield to Mr. Durham?

Mr. SPARKMAN. Certainly.

The CHAIRMAN. He drew the bill.

Mr. DURHAM. General McAfee, I understood you to say that this bill would do away with the Medical Administrative Corps and create a pharmacists corps.

General McAFEE. I understand it changes the name.

Mr. DURHAM. It changes the name?

General McAFEE. Yes.

Mr. DURHAM. And restores it to its original strength?

General McAFEE. Seventy-two, I believe.

Mr. DURHAM. Seventy-two?

General McAFEE. Yes.

Mr. DURHAM. I do not know if I quite understand how it would do away with the Medical Administrative Corps at the present time. Most of the Medical Administrative Corps in the Army is used in that corps.

General McAFEE. They are all, the regular M. A. C. is.

Mr. DURHAM. All of them?

General McAFEE. Yes; and the M. A. C. officers that we have now, in addition to that, are in the Reserve, and as a part of the Army of the United States.

Mr. DURHAM. And you would have to carry these in the Medical Administrative Corps?

General McAFEE. Yes, we would.

Mr. DURHAM. And that would affect the Pharmacists Corps, the 72 men—it was originally 72 men.

General McAFEE. It would, in peace time Regular Army, because as it is now, the qualifications for an appointment in the Medical Administrative Corps are that the applicant be a registered pharmacist.

Mr. DURHAM. Were any pharmacists commissioned in the Medical Administrative Corps up until the enactment of the act of 1936?

General McAFEE. There were only a few who were not qualified, but there were some; I cannot say definitely, but there were three or four.

Mr. DURHAM. Only three or four?

General McAFEE. Yes.

Mr. DURHAM. One of the objections in the report to the committee to this proposal is that permanent legislation in wartime is not desirable. And that is brought out later on in the report, and you also brought out that point.

Now I understand these proposals have been in the Surgeon General's office of the War Department since 1918.

General McAFEE. Yes.

Mr. DURHAM. And it has been proposed as legislation.

General McAFEE. Yes.

Mr. DURHAM. One of the specific objections on down in the report is, of course, that the pharmacists had not met all the additional requirements.

General McAFEE. Yes.

Mr. DURHAM. According to the hearings, and I have read all of them recently over that period.

General McAFEE. Yes.

Mr. DURHAM. Now at the present time we have met those requirements—a four-year college education; that is the regulation in the Army.

General McAFEE. Yes.

Mr. DURHAM. For commissioned officers; is that not correct?

General McAFEE. Yes; that was the bill of 1935.

Mr. DURHAM. The question has been brought out here in regard to the danger of some of these drugs. Do you mind stating to us just what your supply table consists of, or can you submit to us what

your supply table consists of so we will know, in regard to these drugs, whether they be under the regulations?

General McAFEE. We can furnish the committee with our supply table, yes.

Mr. DURHAM. The question has been raised, and I think the committee would like to know what some of these drugs are and how they are dispensed.

General McAFEE. Yes.

Mr. DURHAM. Now, I do not think you have made it quite clear to the committee as to what precautions are used in the Army in regard to this, at the present time, of having pharmacists in charge of the hospitals throughout the country. Do you know whether they are?

General McAFEE. We canvassed the Army about a year and a half ago, before we entered the war, to ascertain whether they were using registered pharmacists in their pharmacy and they were; for the most part, they were, and in those instances where they were not we arranged and directed that pharmacists be transferred to those positions.

Mr. DURHAM. Now at these schools, these officer training schools at the present time, of course, you provide pharmacists for training.

General McAFEE. Yes.

Mr. DURHAM. And you do assign them to the technical positions to qualify those as pharmacists through the school.

General McAFEE. Yes.

Mr. DURHAM. And some of them have had no background, so far as pharmacy training and educational training is concerned?

General McAFEE. Our feeling was, Mr. Durham, of course we prefer the registered pharmacists if there are enough of them. However we had to protect ourselves in establishing these training schools for pharmacists, along with X-ray technicians, laboratory technicians, and other technical men.

These courses are on a 3 months' basis and we try to choose good material for training. And, we appreciate that we do not give training in 3 months that is comparable to a 3- or 4-years' course out in civilian life. However, right now we can use one of these trained men as assistant to a registered pharmacist in our various hospitals.

Mr. DURHAM. Then you agree that it could be done more efficiently with people who are trained pharmacists?

General McAFEE. We do not claim that we can make pharmacists, and we do not expect them to get any credit with the various organizations after they leave the Army, for the service they have had.

Mr. DURHAM. You have no record of how many pharmacists have been inducted up to the present time to serve with the Army, do you?

General McAFEE. No; we have not. I know that out of some 7,000 M. A. C. officers we have at the present time there are 234 pharmacists who have qualified for commissions in the M. A. C.

Mr. DURHAM. Now will you outline to us just what some of the general duties of the technical force in the service are today; these technicians that you referred.

General McAFEE. The technicians?

Mr. DURHAM. Yes.



General McAFEE. Well, the X-ray technicians; that is a very important position.

Mr. DURHAM. My question is directed to pharmacists.

General McAFEE. We are turning out now a little over 100 a month, and we are trying to change that number that we are turning out in the technical schools, to keep it in consonance with the number that come in, the demands for pharmacists. And, we have not let it die out completely, because we thought as the strength of the pharmacists in the service began to grow we could get these men we have in these schools to train our other enlisted men.

Mr. DURHAM. Mr. Chairman, I believe that is all.

The CHAIRMAN. Mr. Short.

Mr. SHORT. General, you could not take the ordinary layman and in 3 months' time make a pharmacist out of him.

General McAFEE. Not a pharmacist who could go out in civilian life, no. But, gentlemen, in our field establishment there is little compounding of drugs in the field. The drugs are put up in tablet form so that any intelligent boy can read the label. And, he knows the dangerous ones. They are also kept under lock and key and the key is in the hands of the officer.

Mr. SHORT. But you do train the pharmacists to compound these drugs.

General McAFEE. Yes; and we are giving that training in these technical schools.

Mr. SHORT. You could not hope to give the same excellent training in a period of 3 months that they receive in a 4-year course at a college or university.

General McAFEE. No; we do not attempt that.

Mr. SHORT. To be a good pharmacist a man must have brains, must he not?

General McAFEE. Yes.

Mr. SHORT. He must not only be intelligent but he must be a college man.

General McAFEE. He has got to have the ability of a man who goes to college.

Mr. SHORT. He is a man with brains, such as those who are commissioned in the Pharmacy Corps.

General McAFEE. Well, we feel that we cannot award all of those who make a technical contribution with a commission.

Mr. SHORT. How many officers do you have now in pharmacy schools; how many pharmacy officers?

General McAFEE. You mean technical administrative?

Mr. SHORT. Yes.

General McAFEE. We have 7,000.

Mr. SHORT. How many pharmacists?

General McAFEE. As I stated, the number of pharmacists that we estimated for this year would be about 5,000.

Mr. SHORT. They are commissioned?

General McAFEE. Oh, no.

Mr. SHORT. That is what I wanted to know; how many are commissioned?

General McAFEE. As I stated 234 had qualified as commissioned officers in the M. A. C. through the officers' candidate schools.

Mr. SHORT. But they have those commissions through the officers' candidate schools.

General McAFEE. Yes.

Mr. SHORT. What kind of training do they have at the officers' training school?

General McAFEE. We use pharmacists who have qualified as M. A. C. officers. A number of them—I cannot say just how many are on the faculty of these technical training schools. But the M. A. C. officers; we are using more and more in the training program because they replace doctors.

Mr. SHORT. General, we do not want you to misunderstand this committee; we are strong for the doctors, but some of us cannot see why there should seem to be prejudice against some of these pharmacists who have spent years in preparation and equipping themselves, and who have spent literally thousands of dollars for their education and who are obviously well qualified.

General McAFEE. Yes; of course, Mr. Short, we have the same question of men of high intellect in other technical positions. Take the roentgenologist—I do not know of any more important man than the person who operates an X-ray machine. He is not eligible for a commission because of that technical contribution.

Mr. SHORT. Of course, all men in the Army cannot be officers.

General McAFEE. That is true.

Mr. SHORT. There are hardships in all branches.

General McAFEE. Yes.

Mr. SHORT. But it seems that the pharmacist has been discriminated against. However, I know some very able lawyers who have been making lucrative fees, who have had to go in as buck privates; and there have been skilled engineers go in as enlisted men.

General McAFEE. Well, we have these men in the biological laboratories, the men who are making the Wassermann test, serum tests of the blood, and chemists, of course. They all come in the same category. We have others that are well trained in the operating room, who work with doctors, assisting the doctors, preparing for the operation; men who use various electrical appliances and all of that, and they all come in this class of technical men who are making a contribution.

Mr. SHORT. Have you taken some men in and after 3 months in training school, commissioned them as officers over registered pharmacists?

General McAFEE. No.

Mr. SHORT. Who have spent years in training themselves?

General McAFEE. Our medium for commissioning enlisted men in the Medical Department is through the M. A. C. Training School.

Mr. SHORT. How are candidates to attend these pharmaceutical schools selected?

General McAFEE. They are selected, first, on their attributes of leadership; next, on their educational background.

Mr. SHORT. Would not you ordinarily, though, favor the man who is a registered pharmacist over an ordinary laborer to attend these schools?

General McAFEE. We would, if he had characteristics of leadership. And that is what we want in the M. A. C.; we want officers who are able to command and look after, say, 500 enlisted men in a station hospital, or general hospital, in order that they will relieve the medical, dental, and veterinary officers assigned thereto of the ad-

ministrative details that Army regulations require an officer to perform. So, through building up this M. A. C. from our officer candidate schools, we are able to make substitutions, and we are doing that right now in order to reduce to the bone the number of professional men we are using—doctors and professional men.

Mr. SHORT. A man must not necessarily, though, be a military leader to combat in order to be a commissioned pharmacist?

General McAFEE. I do not understand you, Mr. Short. We do not commission him in the Pharmacy Corps. And that is one of our contentions, that we cannot afford to commission all of those who render a technical service and are working at it full time.

Mr. SHORT. That is all.

Mr. THOMASON. May I ask one question right there: Is there anybody commissioned in the M. A. C. except pharmacists?

General McAFEE. Now, you are speaking of the Regular corps. No, sir. But in the Reserve, and now in the Regular corps—

Mr. THOMASON. I am talking about the Regular corps.

General McAFEE. In the regular corps, no, sir; only pharmacists, and that is up to the number of 16.

Mr. THOMASON. Now let us see, General. I do not know, but you impress me that you are making a strong point about these other highly technical services.

General McAFEE. Yes, sir.

Mr. THOMASON. Because all of us know of X-ray specialists who are doctors, but these X-ray experts that you have in your department, they do not get commissions?

General McAFEE. No, sir; not because they are technical.

Mr. THOMASON. And these surgical assistants do not get commissions?

General McAFEE. No, sir.

Mr. THOMASON. And what other highly technical men do you have in there who must have a lot of training and be highly technical and very professional, who do not get commissions?

General McAFEE. Well, there are laboratory men, both in the chemical and biological laboratory, and there are laboratory men in the Dental Department who do make prosthetics, and many of them also perform char duty and perform duty as dental hygienists.

Mr. THOMASON. And none of them get commissions?

General McAFEE. None of them get commissions; no, sir.

Mr. THOMASON. I tried to make the point a while ago, by way of comparison, that you were not quite fair to the pharmacists because doctors, lawyers, and other professional men got commissions. So, to carry that a little further, I guess it would hardly be fair to give pharmacists some sort of commission and not give the X-ray man a commission who has spent several years in acquiring his highly technical information? I am just asking that myself to find out what your reaction is. I do not know.

General McAFEE. And, for that reason, we feel it would be unwise to enact legislation affecting the peacetime army at this time.

Mr. COSTELLO. General, how are these 16 officers you have now employed; what are their official duties?

General McAFEE. That is a hard question. We use them in supply depots; there is one of them operating a testing laboratory in St. Louis; there is another one who was in the New York depot. I do



not know where he has gone. But none of them have been used exclusively in the pharmacy. We have used them in administrative positions in addition.

Mr. COSTELLO. These officers have charge of the purchase and securing of all the medical supplies?

General McAFEE. They assist in that.

Mr. COSTELLO. The Medical Corps itself handles the most of it?

General McAFEE. We have at our depots a medical officer in charge. They are assistants to him.

Mr. COSTELLO. I understand that to be one of the purposes of this bill—that the Pharmacy Corps would take over the procurement and handling of all medical supplies under the provisions of this legislation?

General McAFEE. Of course, they would be competent along drug lines, but not competent to judge as to the various equipments and appliances, and ordinary housekeeping.

Mr. COSTELLO. Are 16 officers sufficient to handle the full needs of the Army?

General McAFEE. We do not know, in peacetime, just what it will work out to be.

Mr. BROOKS. General, there is a general feeling among the pharmacists of the country, as evidenced by many letters I have received, and a good many of the other Representatives have received, to the effect that the positions which normally in the Army should be filled by pharmacists, perhaps registered or qualified pharmacists, are not being filled in that way. As I understand it from your testimony, the Medical Corps is filling every pharmaceutical position with a pharmacist. Is that correct?

General McAFEE. We are making every effort to do it.

Mr. BROOKS. Is he a registered pharmacist?

General McAFEE. Yes, sir; and whenever those cases come to our attention that a pharmacist is not being used as a pharmacist, we ask for his reclassification by The Adjutant General, so that he will be assigned when an order comes in for so many pharmacist technicians. And, as I said, right now we are trying to find and locate all those who are not serving as pharmacists in the service, who are qualified, in order that we may transfer them to the medical service of the Air Corps.

Mr. BROOKS. Would this bill you are now considering aid you in placing pharmacists in pharmacist positions?

General McAFEE. I do not think it would, because, in the first place, we would have to add more officers to each one of our units to provide for pharmacists, and we would lift those pharmacists we have now from corporals, sergeants, staff sergeants, and technical sergeants up to the grade of second lieutenant. That would be the reaction.

Mr. CLASON. At the present time, in connection with some of the hospitals in this country, the pharmacists are not even connected with the Army, but are either civil service men or are not connected with the Army.

General McAFEE. At the time when we were cut on the number of enlisted men we needed, we took about a 50 percent cut and were authorized to hire from civil life technicians to take the place of enlisted men which we did not have, which we would have trained. In

that respect, we hired a number of pharmacists under civil service, and we have since been reducing that number. That also accounts for the number of dental hygienists we have. Because of our shortage of enlisted men and our authorization to hire civilians, we took on many of these technical people, but they will eventually be reduced.

Mr. CLASON. As I look at this bill, this bill is a peacetime proposition?

General McAFEE. Yes, sir.

Mr. CLASON. And what we are really asked to do under this bill is to have 72 commissioned officers in pharmacy?

General McAFEE. All pharmacists.

Mr. CLASON. In the peacetime set-up?

General McAFEE. Yes, sir.

Mr. CLASON. And, so far as the Army is concerned today, that 72 does not control the number of commissioned men who might be pharmacists?

General McAFEE. No, sir.

Mr. CLASON. Because there might be several hundred, as the needs of the Army increased?

General McAFEE. It would only control the number of pharmacists who might be commissioned; that is, 72. And they would all belong to the Regular service.

Mr. DURHAM. That was the original strength of this corps—72?

General McAFEE. That was the original strength of the M. A. C.

Mr. CLASON. That was years ago; but then it went down to 16 for the peacetime Army, because 16 seemed to be sufficient. Is that right?

General McAFEE. Yes, sir.

Mr. CLASON. And now this would raise it to 72, on the idea that the future peacetime strength of the Army may require 72 pharmacists?

General McAFEE. Yes, sir.

Mr. CLASON. Can you tell us now what the future peacetime strength of the Army is to be?

General McAFEE. I have not the least idea. That is one of the objections I see—we do not know what kind of an army we will have.

Mr. DURHAM. But the general hope is to have a larger one than we had the last time?

General McAFEE. Yes, sir.

Mr. CLASON. Mr. Sparkman indicates if a man is a good pharmacist he ought to be given a commission in this pharmacy corps and not be allowed to become a line officer because that is a waste of material. Now, if a man is a good lawyer, he ought to be put in the Judge Advocate General's corps and not be allowed to have a commission in any other branch of the service. Would you say that would follow?

General McAFEE. That would be a corollary, yes, sir.

Mr. ELSTON. If a man was a lawyer and the Army transferred him to the Judge Advocate General's Department and needed him as a lawyer in that Department, he would be commissioned, would he not?

General McAFEE. If they did not need him?

Mr. ELSTON. If they did need him and transferred him to the Judge Advocate General's Department, they would commission him, would they not?



General McAFEE. They would commission him; yes, sir, if they had a vacancy for him. At one time I understood—this is before we got into the war—there were something like 2,400 lawyers serving as privates in the line, who went in as a result of the selective service. Of course they have all bettered themselves now through the officers' candidate schools.

Mr. ELSTON. I think we will all agree that lawyers serving in the line should not be treated any different than anybody else; but, if they are called into the Judge Advocate General's Department, are they commissioned?

General McAFEE. Yes, sir.

Mr. ELSTON. So why should not the same thing be true of pharmacists? The pharmacists who are out doing fighting, of course, should not be entitled to a commission any more than anybody else; but, if they are needed as pharmacists and are taken out of the line and have to do work requiring them to go to school for three or four years, why should not they get commissions the same as the lawyer in the Judge Advocate General's Department, or the doctor in the Medical Department?

General McAFEE. Frankly, we do not have to commission them to get them.

Mr. ELSTON. But is it fair?

General McAFEE. No; I hardly think it would be fair, because we have optometrists, for instance, and there is no reason why a man rendering technical service, contributory service, should be given a commission simply because he is making his contribution to the Army along the lines of his training in civil life.

Mr. ELSTON. Well, you would not think of taking a doctor in without commissioning him, would you?

General McAFEE. Well, we had to commission them to get them.

Mr. ELSTON. No; you could draft the doctor, could you not?

Mr. SHORT. Some of them have gone in without a commission.

Mr. ELSTON. Yes; but they were given a commission as soon as they got in.

Mr. SHORT. But they had to fight like hell for it.

Mr. ELSTON. I do not think so.

Mr. SHORT. I know I have had to with some of mine.

Mr. SPARKMAN. What they do is to threaten to draft him if he does not enlist.

General McAFEE. Yes.

Mr. ELSTON. They force him to do it.

General McAFEE. They point out to him that he is eligible in the draft.

Mr. BROOKS. And they point it out to him very vigorously.

The CHAIRMAN. May I say I have in my office, I think, a list of 14,000 or 24,000 men who have been commissioned in the Army in the last 6 months, and 65 percent of them are medical officers and doctors.

General McAFEE. Yes.

Mr. MARTIN. General, how high in the pay rating do you place a pharmacist when you transfer him into the service as a pharmacist?

General McAFEE. His base pay is \$114 as a technical sergeant.

Mr. MARTIN. He has a technical sergeant's rating?

General McAFEE. Yes, sir.

Mr. MARTIN. What rating do you give these men who complete the 3 months' training course in pharmacy?

General McAFEE. They are in a third rating. It corresponds to a corporal, if they are used as a pharmacist.

Mr. MARTIN. After graduation from the 3 months' course, if they are then used as pharmacists, they are placed in a rating corresponding to that of corporal?

General McAFEE. Yes, sir.

Mr. MARTIN. Is it possible for a pharmacist to advance higher than a technical sergeant's rating, as a pharmacist only?

General McAFEE. No, sir.

Mr. MARTIN. How many graduates do you have from the 3 months' pharmacy training course, now serving in the Army?

General McAFEE. I would not know, sir, about that. We never trained as heavily in the technical branches as we did in the others, because of the fact we knew we were going to have pharmacists that we could use in our organizations.

Mr. MARTIN. That is, you have used the trained pharmacists taken in through the Selective Service, wherever possible?

General McAFEE. Yes.

Mr. MARTIN. Now, what are the duties of graduates from the 3 months' course? Do they take over responsible duties in the dispensing of drugs, similar to a trained pharmacist's duties?

General McAFEE. No, sir.

Mr. MARTIN. In other words, you do not classify a 3-month-trained pharmacist student on a par with the trained pharmacist from our recognized colleges?

General McAFEE. No, sir. We appreciate that a man cannot become a finished pharmacist in 3 months.

Mr. MARTIN. None of those 3-months-trained men are taking over anything like the duties of a trained pharmacist, as we know them in civil life?

General McAFEE. No, sir.

Mr. MARTIN. I wanted to make that distinction, because I was a little confused on that point.

Mr. DURHAM. But they are given commissions, and they require the pharmacists to attend the same school to obtain commissions.

Mr. BROOKS. Not those with 3-months' training.

Mr. MARTIN. I am speaking now of the boys who have finished the 3-months' training in pharmacy, not the officer's training.

General McAFEE. From the technical schools.

Mr. DURHAM. But not all of them have studied pharmacy in a 4-year college course in the colleges throughout the country.

Mr. MARTIN. I am making the point they are not placing those 3-months'-trained men in duties commensurate with pharmacist duties, as we know pharmacists perform in civil life.

Mr. SPARKMAN. Will the gentleman yield there?

Mr. MARTIN. Yes.

Mr. SPARKMAN. General, what do you do with those 3-months trainees, then?

General McAFEE. We use them as assistants in our larger pharmacies and, in many cases, they can handle the ordinary drugs that are placed in a form all ready to administer.

Mr. SPARKMAN. They would not be the ones to mix or compound medicines?



General McAFEE. No; as a matter of fact, I have seen letters from registered pharmacists which complained of the fact they had no provision by which they could compound drugs out in the field. Well, there are positions which would be assigned where all of the drugs are already compounded and put in a form that they can be handed out.

Mr. MARTIN. I have not heard any argument as yet in this discussion that convinces me it would be against the best interest of the service to recognize pharmacists who have qualities of leadership by giving them assignments in a commission grade. It seems to me, as extensive as the need is for trained pharmacists in the armed service, that there must be some need for trained leadership in that field that would entitle us to recognize those who have qualities of leadership by giving them a commission grade. I have not heard anything against that point of view as yet.

General McAFEE. Well, our point of view is that a full-time technical service is not a condition warranting a commission.

Mr. MARTIN. Do not the pharmacists have some need for an officer above them who really knows and understands the business of pharmacy on a professional basis?

General McAFEE. They do. After all, the doctor is the one who writes the prescriptions, and is the judge of whether they are put up correctly.

Mr. ELSTON. General, as I understand it now, you send these boys to the 3 months' pharmacy school and they graduate as technical sergeants, or in some rank close to that?

General McAFEE. After they graduate from those schools, ordinarily they are given a classification as a technician. We cannot always guarantee, in other words, that they are going to be used there. It depends. They may be assigned to a hospital or post where there is no vacancy in the table of organization for a technical pharmacist.

Mr. ELSTON. As I understand it, then, they would be assigned probably to a hospital and act as an assistant pharmacist?

General McAFEE. That is the way we try to assign them. But when he gets there, he may find they have already a full quota of pharmacist technicians on hand in that hospital, and there is no vacancy for him, and he does something else.

Mr. ELSTON. If he went to a hospital to act as an assistant to a pharmacist, the chances are the pharmacist there would be some registered pharmacist?

General McAFEE. Yes, sir.

Mr. ELSTON. Who had been taken out of the ranks, and who may only have the rank of a corporal? Is not that correct?

General McAFEE. It does not argue because he is a registered pharmacist that he is given the top rank. We are guided wholly by the tables of organization, and we cannot give the highest rank always. He may be a corporal, sergeant, staff sergeant, or technical sergeant, depending upon the grades that are contained in the table of organization for the particular unit to which he is assigned.

Mr. ELSTON. All right; but outside of that, the pharmacist who is registered and has had years of experience and education is far better qualified than the man who spends 3 months in the pharmacist school?

General McAFEE. Yes, sir; and we are using those men.

Mr. ELSTON. Yes; but I understand you to say you put them in as corporals, sergeants, or something of the kind. Now, are you not discriminating against them when you give them that lower rank and give the man with 3 months' training an even higher rank in a good many cases?

General McAFEE. Well, I can only parallel that with a man who is a radiologist out in civil life, but is looking after equipment in a large X-ray clinic, and he is selected and goes in the service and is assigned to the Medical Department because of his training in civil life. Now, he may be assigned to a hospital having an X-ray department and, as a rule, he is happy to be there because he is in his line of work. But it does not mean he is going to get a top rating because he is there. He may meet up with others with the same experience.

Mr. ELSTON. He does not give X-ray treatments, though, does he?

General McAFEE. No, but he operates the machines. He keeps them in shape and is a technician who actually takes the pictures.

Mr. ELSTON. Under the supervision of the doctor?

General McAFEE. Under the supervision of the doctor, and the doctor is the one who interprets the plates.

Mr. FENTON. General McAfee, as you know, I have a high regard for the Surgeon General's office.

General McAFEE. Yes, sir.

Mr. FENTON. For once I find myself, I believe, in disagreement with your policy in this connection. I say that for two reasons; first, because as a physician myself I know that doctors as a rule depend almost entirely on the druggists and pharmacists for their intensive knowledge of the various physical qualities of drugs, although as students in medicine they have a certain amount of training in drugs, but certainly not to the extent of the pharmacist or druggist. Therefore, I believe that the pharmacy profession has a real place in military life.

The second reason why I am in disagreement is because, as a medical officer in the last war having charge of an active military unit, an Infantry dispensary, in which I was battalion surgeon in the field, I know that I as a medical officer in charge of the dispensary, certainly did not have the time to look into the various drugs, and I was indeed fortunate in having two sergeants who were pharmacists, and I depended entirely upon them as to their knowledge of drugs, etc. That left me, of course, to devote my time entirely to my medical work and my field work, to great advantage.

I do not know how much compounding they do at the present time in the Army, or whether they use standard compound preparations. Therefore, for those two very good reasons, I find myself more or less substantiating this particular proposal.

General McAFEE. Yes, sir.

Mr. FENTON. Would not the pharmacist in a commissioned status relieve a medical officer of some of his responsibility in the field?

General McAFEE. You mean, Doctor, a pharmacist on a commissioned status devoting his full time to the compounding of drugs?

Mr. FENTON. Yes.

General McAFEE. I think not, sir. I think he would be more valuable to the doctor, if he were competent, to handle the administrative procedures that an officer must handle. That would be my impression.



Mr. FENTON. Of course, I do not mean that he would devote all of his time to the compounding of prescriptions, but he would do administrative work, too; there is no question about that.

Mr. SHORT. Pardon me, General. Your first requirement is the technical knowledge of drugs rather than qualities of leadership, is it not? The pharmacist does not have to be an administrative leader if he possesses a technical knowledge that is necessary and the skill in compounding drugs?

Mr. FENTON. With all due respect to all of the other technical phases of the medical service, I really do think that the pharmacist has a greater responsibility. For instance, if he were to make one mistake in the issuance of some drug, it might mean the lives of many men of a particular outfit; whereas a laboratory technician does not necessarily have the responsibility of the lives of soldiers, or an X-ray technician. He simply takes a picture and keeps the machines in shape. The X-ray specialist, the Roentgenologist does the interpreting, prescribes a line of treatment on the X-ray picture. I do not think these other technicians are at all comparable to the pharmacist.

Mr. DURHAM. General, it is not true that all pharmacists would be commissioned under this bill, is it?

General McAFEE. No, sir; as I understand it, they would only commission 72. That would be the number that we would have in peacetime.

The CHAIRMAN. We are going to suspend now and go into executive session. We may have to have further hearings on this proposed legislation.

Mr. SHORT. I think we should hear from the pharmacists themselves.

Mr. THOMASON. As I understand you, General, you say that the Department feels that you do not need this many pharmacists now and probably would not need them in peacetime?

Mr. SHORT. God knows, if you had 72 in peacetime, you would have that many now.

Mr. THOMASON. I want to get the general's statement for the record.

General McAFEE. Our feeling is that this is peacetime legislation that is being enacted or proposed in an emergency.

Mr. THOMASON. And the Department is opposed to it?

General McAFEE. We do not know what kind of a Medical Corps we are going to have to have after the war to support the Army.

The CHAIRMAN. General, you have me confused. I thought we were enacting wartime legislation.

General McAFEE. Yes, sir; that is what I mean.

The CHAIRMAN. Thank you very much for your statement. We will have further hearings if it is found necessary.

The committee will now go into executive session.

(Whereupon the committee went into executive session.)





# TO CREATE A PHARMACY CORPS IN THE REGULAR ARMY

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**TUESDAY, MARCH 2, 1943**

**MILITARY AFFAIRS COMMITTEE,  
HOUSE OF REPRESENTATIVES,  
Washington, D. C.**

(The committee met at 10:30 a. m., Hon. Andrew J. May (chairman) presiding.)

The CHAIRMAN. The committee will please be in order.

Gentlemen, we have met this morning for completion of the hearing on H. R. 997, to amend certain provisions of the National Defense Act of June 30, 1916, as amended, relating to the Medical Department of the Regular Army, now the Army of the United States.

We have listed here about 10 or 12 witnesses, gentlemen who are prepared, as I understand it, to sponsor this legislation. I am going to call you gentlemen in the order in which I have you listed, and I hope you can make your statements very, very brief, because the committee has already heard the Army witnesses and those representing the Army, and any and all of you that have prepared statements, if you will put them in the record it will expedite matters very much.

The first witness is the Honorable Robert O. Blood, Governor of the State of New Hampshire.

## **STATEMENT OF THE HONORABLE FOSTER STEARNS, MEMBER OF CONGRESS FROM NEW HAMPSHIRE**

Mr. STEARNS. Governor Blood has asked me to represent him, as he was not able to be here today.

His Excellency, Governor Robert O. Blood, of New Hampshire, intended to appear here today and regrets that a conflict of engagements made this impossible.

He has asked me to represent him, and to express his support of this legislation. Perhaps you will wonder what the Governor of New Hampshire knows about the subject under discussion. He is in a position to know a great deal about it. Governor Blood is a distinguished surgeon, a fellow of the American College of Surgeons. He served in the last World War as a field surgeon with the Twenty-sixth Division, and saw service at Chateau Thierry and in the Argonne. He distinguished himself for gallantry in action under fire, receiving the Distinguished Service Cross and the French Croix de Guerre. He requests me to tell you that while in the field service he saw medicines and medical supplies distributed by anyone but pharmacists, at great risk to our soldiers, and most certainly at no economy to our Government. He sincerely hopes that the error made in the last war will not occur in the present conflict. He states that pharmacists should take their proper place in war, where their

training, ability, and education would be of the same service as in peace. In 48 States it is required by statute that drugs should not be distributed except by capable pharmacists; the same interest for the welfare of the men in our armed forces should prevail while they are serving their country. He holds that representatives of the pharmaceutical profession should receive the same recognition as practitioners of dentistry, veterinary science, and medicine. His Excellency sincerely hopes that your committee will give favorable consideration to this bill, a hope in which I heartily concur.

I should like to add, Mr. Chairman, that my colleague, Mr. Merrow, of New Hampshire, is also present and he has a statement that he would like to file with the committee. The New Hampshire Legislature has passed a resolution, of which he has a copy to present to the committee, favoring this legislation.

The CHAIRMAN. Thank you, sir. Will the gentleman come around and submit his statement?

#### STATEMENT BY THE HONORABLE CHESTER E. MERROW, MEMBER OF CONGRESS FROM NEW HAMPSHIRE

Mr. MERROW. I submit the concurrent resolution passed by the New Hampshire State Legislature, and also my statement on the legislation under consideration. I am in favor of it.

(The following statement was submitted by Mr. Merrow:)

##### STATEMENT OF CHESTER E. MERROW

Mr. Chairman and members of the committee, I appear here this morning to register my support of the legislation under consideration. I am speaking for the people of New Hampshire whose wishes have been expressed by the State legislature in adopting a concurrent resolution requesting the Seventy-eighth Congress to establish a Pharmacy Corps in the Army. In this resolution which I am filing with the clerk of the committee the "General Court of the State of New Hampshire goes on record as urgently requesting the Congress of the United States to pass legislation without delay to create a Pharmacy Corps in the United States Army." "There is" in the words of the resolution "a definite need in this war emergency for the capable handling of drugs, medicines and pharmaceutical supplies which are used in the treatment of diseases of our boys and girls in the armed forces."

I am glad to be present and to express the wishes of the New Hampshire Legislature. The legislation under consideration is much needed and I trust that this committee will favorably report the measure now being discussed. I shall give it my whole-hearted support when it reaches the floor of the House.

##### STATE OF NEW HAMPSHIRE

IN THE YEAR OF OUR LORD ONE THOUSAND NINE HUNDRED AND FORTY-THREE

CONCURRENT RESOLUTION Requesting the Congress of the United States to Create a Pharmacy Corps in the United States Army

Whereas, there is now pending in the Congress of the United States a bill to create a Pharmacy Corps in the United States Army; and

Whereas, there is a definite need in this war emergency for the capable handling of drugs, medicines, and pharmaceutical supplies which are used in the treatment of diseases of our boys and girls in the armed forces: Now therefore be it

*Resolved by the Senate and House of Representatives in General Court convened,* That the general court of the the State of New Hampshire goes on record as urgently requesting the Congress of the United States to pass legislation without delay to create a Pharmacy Corps in the United States Army; and be it further



*Resolved*, That the secretary of state be directed to forward copies of this resolution to the President of the United States Senate, to the Speaker of the House of Representatives, to the Secretary of War, the Surgeon General of the United States Army, and to the Senators and Representatives of this State in Congress.

SHERMAN ADAMS,  
*Speaker of the House of Representatives.*

ANSEL N. SANBORN,  
*President of the Senate.*

Passed February 23, 1943.

Attest:

ROBERT O. BLOOD, *Governor.*

ENOCH D. FULLER,  
*Secretary of State.*

The CHAIRMAN. Thank you; sir.

Dr. H. EVERT KENDIG (Chairman, Committee on Pharmacy Corps in the Regular Army). We have found it necessary, with your permission, to make a slight change in the order in which we would like these men called, if it is agreeable to you.

The CHAIRMAN. That will be fine; sir.

Dr. KENDIG. I would like, if you please, to hear next Mr. Sullivan, of the American Legion, who must attend another committee meeting; and then, if it is agreeable to you, we will call the witnesses in the order on the revised schedule which has been handed to you by the clerk.

The CHAIRMAN. Thank you; sir. Mr. Sullivan, will you please come around; sir.

#### STATEMENT BY F. M. SULLIVAN, EXECUTIVE DIRECTOR, NATIONAL LEGISLATIVE COMMITTEE, THE AMERICAN LEGION

Mr. SULLIVAN. Mr. May, members of the committee, in accordance with the chairman's wishes, I shall be very brief.

The American Legion at its last national convention adopted a resolution asking that a Pharmacy Corps be set up within the Army. We of the Legion feel these men have been specially educated, specially trained for dealing with drugs within the Army. We think that by putting these specialists within the Army in a corps of their own it will alleviate the shortage of doctors. Doctors then will be permitted to handle purely medical duties.

I would like to submit a prepared statement and say that the American Legion heartily endorses the Durham Bill, H. R. 997, and we hope it is speedily reported and enacted by the House.

(The following statement was submitted by Mr. Sullivan:)

STATEMENT OF F. M. SULLIVAN, DIRECTOR, SECRETARY, NATIONAL LEGISLATIVE COMMITTEE, THE AMERICAN LEGION, BEFORE THE MILITARY AFFAIRS COMMITTEE OF THE HOUSE ON H. R. 997 ON MARCH 2, 1943

The American Legion favors the bill now before this committee, H. R. 997, and at its last national convention held at Kansas City, Mo., September 19-21, 1942, passed the following resolution:

"That a Pharmacy Corps be organized in the Army to provide an adequately educated and trained personnel for the compounding and dispensing of medicines and the taking over of many duties in the medical supply service now being performed by medical officers, thereby releasing many doctors for medical duties."

This subject was studied and discussed by our national defense committee. It was their thought that the Army should make the fullest possible use of the pharmacists of the country, and their specialized training would be of great value to the Army in the purchase, shipment, storage, standardization, compounding, and dispensing of drugs and medical supplies.

We are of the opinion that in most instances this group employed in the manufacture, wholesale, and retail handling of drugs and medical supplies are better qualified to perform these highly technical duties than are most of the medical personnel. In short, they possess the knowledge requiring many years of specialized training.

We urge that the committee favorably report the Durham bill, H. R. 997.

The CHAIRMAN. Thank you very much, sir.

Dr. H. Evert Kendig.

#### STATEMENT BY DR. H. EVERT KENDIG, CHAIRMAN, COMMITTEE ON PHARMACY CORPS IN THE REGULAR ARMY

Dr. KENDIG. Mr. Chairman, complying with your request, I shall file the paper which I have prepared, but I wish to call to your attention just one or two points.

As chairman of the committee on the status of pharmacists in the Government service and as chairman of the steering committee for this bill, I represent the four national pharmaceutical associations appointing the membership of the committee, namely, the American Pharmaceutical Association, the American Association of Colleges of Pharmacy, the National Association of Boards of Pharmacy, and the National Association of Retail Druggists. The National Wholesale Druggists' Association and the Federal Wholesale Druggists' Association have endorsed this bill. The National Drug Trade Conference has approved the legislation. Its membership, in addition to the associations that I have already mentioned, includes the American Drug Manufacturers Association, the Proprietary Association, and the American Pharmaceutical Manufacturers' Association. Therefore, my colleagues and I are here representing or with the endorsement of every important branch of the profession of pharmacy and of the drug industry of the United States.

In addition to the major organizations mentioned, a large number of pharmaceutical societies, conferences, faculties, fraternities, and so forth have by resolution urged the passage of the bill to establish a Pharmacy Corps in the United States Army. The Legislatures of California, Iowa, Maryland, Oklahoma, and New Hampshire have already asked the Congress to pass the measure.

Our committee will cooperate with you in filing brief statements. They will be chiefly in the form of manuscript.

May I summarize what we will present to you? We will try to make clear, in urging the passage of this bill; (a), that the soldiers in the Army are not receiving the same protection in the use of drugs that they receive as civilians; (b), that this astonishing situation can be corrected; (c), that this bill, H. R. 997, will provide the machinery whereby the present hazards to our soldiers will be eliminated; (d), that a byproduct will be the conservation of manpower by releasing physicians, surgeons, dentists, and veterinarians for the performance of the duties for which they are educated and trained; and (e), no new administrative problems will be presented, and that the increased cost to the taxpayers, if any, will be negligible. A money saving is to be expected.

Now, Mr. Chairman, if I may briefly abstract my paper, which I shall then file, (1) this paper explains why we found it necessary to



ask Congress to establish a Pharmacy Corps in the Army at this particular time; (2), why the bill, H. R. 997, was drawn in its present form; (3), why this bill is not considered solely as a peace-time measure; (4) it clarifies previous testimony about technicians and points out the great difference between the acknowledged technicians and the professionally educated pharmacists; (5) it clarifies conflicting statements made by representatives of the War Department about the pharmacist supply and the use which would be made of the Army pharmacy schools; (6) it contraverts the Surgeon General's statement that men trained for only 90 days in the Army schools are not performing duties which would not be permitted under the pharmacy laws of the States; (7) it shows that products of the Army 90-day schools are placed over and in charge of graduates of a 4-year university course; (8), it proves that the same drugs are used in the Army as in civilian practice; and (9) and finally, it proves from the Army's own statement that compounding of prescriptions is done on a large scale.

The CHAIRMAN. Pardon me for interrupting here, but perhaps I should be courteous to the gentleman who is the author of the bill and the proponent of the bill, the gentleman from North Carolina, Mr. Durham. Has he any questions?

Mr. DURHAM. No questions.

The CHAIRMAN. Are there any other questions?

Mr. FENTON. Doctor, do you happen to know how many druggists there are in the United States?

Dr. KENDIG. Yes, sir; 82,000 by the last census.

Mr. FENTON. Are they all pharmacists?

Dr. KENDIG. The 82,000 represent a graduate registered pharmacist, classified as a pharmacist, and legally qualified to practice pharmacy in the various States.

Mr. FENTON. What percentage are now in the Army? Do you know?

Dr. KENDIG. Yes, sir; I have that in my paper. I have a table here.

The CHAIRMAN. If it is a table, probably we can read it in the record.

Dr. KENDIG. On November 1, according to testimony before a Senate committee in meetings held a short time after your meeting in November, the statement was made that there were pharmacists in the Army November 1, 1942, 4,552.

Mr. ANDREWS. I would be interested to know how many there are in the State of New Hampshire.

Dr. KENDIG. I do not have it by States, but Mr. George Moulton, Commissioner of Pharmacy for New Hampshire, is in the room, and I believe he can tell you the exact number.

Mr. GEORGE MOULTON. I didn't get the question.

The CHAIRMAN. How many pharmacists are regularly registered and licensed in the State of New Hampshire?

Mr. MOULTON. There are 650 pharmacists registered in the State of New Hampshire, 350 of them actively practicing pharmacy in the State of New Hampshire today, and 35 in the service.

(The following statement was submitted by Dr. Kendig:)

TESTIMONY OF DR. H. EVERT KENDIG, DEAN, SCHOOL OF PHARMACY, TEMPLE UNIVERSITY, PHILADELPHIA, PA., AT THE HEARING ON THE PHARMACY CORPS BILL, H. R. 997, BEFORE THE HOUSE COMMITTEE ON MILITARY AFFAIRS, MARCH 2, 1943

- (1) Explains why we found it necessary to ask Congress to establish a Pharmacy Corps in the Army.
- (2) Why the bill H. R. 997 was drawn in its present form.
- (3) Why this bill must not be considered solely as a peacetime measure.
- (4) Clarifies previous testimony about technicians and points out the great difference between the acknowledged technicians and the professionally educated pharmacist.
- (5) Clarifies conflicting statements made by representatives of the War Department about the pharmacist supply and the use which would be made of the Army pharmacy schools.
- (6) Contraverts the Surgeon General's statement that men trained for only 90 days in the Army's schools are not performing duties which would not be permitted under the pharmacy laws of the States.
- (7) Shows that products of the Army 90-day schools are placed over and in charge of graduates of a 4-year university course.
- (8) Proves that the same drugs are used in the Army as in civilian practice.
- (9) Proves from the Army's own statement that compounding of prescriptions is done on a large scale.

As chairman of the committee on the status of pharmacists in the Government service and chairman of the steering committee, I represent the four national pharmaceutical associations appointing the membership of the committee; namely, the American Pharmaceutical Association, the American Association of Colleges of Pharmacy, the National Association of Boards of Pharmacy, and the National Association of Retail Druggists. The National Wholesale Druggists' Association and the Federal Wholesale Druggists' Association have endorsed this bill. The National Drug Trade Conference has approved the legislation; its membership, in addition to the associations I have mentioned, includes the American Drug Manufacturers' Association, the Proprietary Association, and the American Pharmaceutical Manufacturers' Association.

Therefore, my colleagues and I are here representing, or with the endorsement of, every important branch of the profession of pharmacy and of the drug industry of the United States. In addition to the major organizations mentioned, a large number of pharmaceutical societies, conferences, faculties, fraternities have, by resolution, urged the passage of the bill to establish a Pharmacy Corps in the United States Army. The Legislatures of California, Iowa, Maryland, and Oklahoma have already asked the Congress to pass the measure.

Our committee has no desire to make the record cumbersome or unduly voluminous but requests permission to later file, as part of our testimony, the number of resolutions reasonably necessary to verify our statements. We also request permission to submit, for the record, whatever supporting data may be desirable for authentication of the statements we make here today.

It is the purpose of our committee, through the speakers who will appear before you, to show that this bill, H. R. 997, should receive favorable consideration for the welfare, health, and protection of the men in the Army. To make this clear, particularly will we emphasize that: (a) The soldiers in the Army are not accorded the same protection in the use of drugs that they receive as civilians; (b) that this astonishing situation can be corrected; (c) that this bill, H. R. 997, will provide the machinery whereby the present hazards to our soldiers will be eliminated; (d) that a byproduct will be the conservation of manpower by releasing physicians, surgeons, dentists, and veterinarians for the performance of the duties for which they are educated and trained; (e) that no new administrative problems will be presented and that the increased cost to the taxpayers, if any, will be negligible; a money-saving is to be expected.

The purchase of the individual speakers is indicated on the list supplied to you this morning. To conserve your time, short factual statements from manuscript will be employed.



You have received a letter from Secretary Stimson opposing this bill and have heard a representative of the Surgeon General explain why he is not in favor of the measure. I believe much time will be saved and understanding will result if, instead of reciting why American pharmacy and so many laymen and professional citizens are in favor of a Pharmacy Corps in the Army, I confine my testimony to clarification of certain statements of the Surgeon General's with which, because of information in our possession, we do not agree.

(1) The statement has been made that, for many years, at least as far back as 1917, numerous proposals have been introduced in Congress to create a Pharmacy Corps in the Medical Department of the Regular Army. What actually happened will explain why it became necessary for us to appeal to Congress now.

Because of the lack of a pharmaceutical service in the Army in any degree comparable to that which safeguards the civilian, we asked Congress in 1917 to establish such service by creating a Pharmacy Corps. A major argument used by the Medical Department to defeat the proposal was that, while the country was at war was not the time to consider or effect changes of this kind.

We waited until there was no question about peace having been declared and asked for similar legislation in 1928. Again, the opposition of the Medical Department prevailed, but the argument was modified to suit the peacetime conditions.

In 1935 we renewed our efforts; we had frequent conferences with Surgeon General Reynolds about modernizing the pharmaceutical service and he agreed to sponsor a bill which would bring into the Army a small number of well-educated young pharmacists and grant them commissioned status. We were told by Surgeon General Reynolds that the Medical Administrative Corps had not fulfilled expectations and that he was willing to make it possible to commission 16 pharmacists in that corps.

There was a tacit understanding with Surgeon General Reynolds that if these pharmacy officers proved to be an asset to the Medical Department, as vacancies occurred, legislation to make possible the appointments of more pharmacists in the Medical Administrative Corps would be approved. This understanding is evidenced by a sentence in the amendment to the National Defense Act which was passed by Congress in 1936. I quote from the bill:

*"Provided, That on and after the effective date of this Act further appointments to the Medical Administrative Corps shall be restricted to pharmacists who are graduates of recognized schools or colleges of pharmacy requiring four years of instruction for graduation."*

We accepted this proposal in good faith; while it had the effect of delaying the desired pharmaceutical set-up in the Army, we were confident that the 16 pharmacy officers would make such a worth-while contribution that, in due course, a majority of the 72 officers in the Medical Administrative Corps would be pharmacists at which time we could confidently ask that the name of the Corps be changed to Pharmacy Corps.

Notwithstanding the clause in the act of 1936 which read, "further appointments to the Medical Administrative Corps shall be restricted to pharmacists," and all that it implied, much to our amazement we learned that in 1939 another amendment had been introduced and passed reducing the Medical Administrative Corps from 72 to 16 officers, the 16 to be pharmacists. We were not consulted or even told about the intention to cancel the potential opportunity for increasing the number of pharmacy officers.

This is the action referred to in the Medical Department's testimony as gradually reducing the Medical Administrative Corps by attrition. Since the bill definitely changed the number from 72 to 16, we would call the procedure not reduction by attrition but, severance by amputation or a major operation; 56 cut off and 16 remaining.

The Medical Administrative Corps in the Regular Army now consists of 16 officers only.

When this action by the Medical Department became known to the country's pharmacists, they were indignant or disappointed, to say the least. Remembering the opposition of the Medical Department, many had been skeptical from the beginning of the negotiations. The associations we represent, one after the other, then directed the committee to endeavor to place a Pharmacy Corps in the Army by appealing to your gentlemen of the Congress.

(2) One of the peacetime arguments against a Pharmacy Corps has been that administrative difficulties would result from an additional corps; the Medical

Department said they did not want any more corps units. The argument did not appear to be valid; however, wanting to cooperate with the Medical Department, we did not ask for an additional corps. The Medical Department had, on its own initiative, already reduced the strength of the Medical Administrative Corps to 16 officers, all pharmacists.

With these facts in front of us, in drafting a bill for Congress to consider, we did the perfectly logical thing; we only asked that the name of the corps, now containing none but pharmacists, be changed to Pharmacy Corps and the number of officers increased to the original strength, 72.

(3) At the hearing by your committee, November 17, 1942, great emphasis was placed on this being a peacetime measure. Not once was it mentioned that its specific and broader provisions could be made effective now, i. e., within a reasonable adjustment period. Mr. Chairman, I wish to assure you that the 82,000 pharmacists we represent are too conscious of the present perils to our country, and too alive to their duty as citizens, to bother the Congress, and especially to take the time of this most important and overworked committee, by asking them to consider a purely peacetime matter in the midst of the greatest conflict in which this country has ever had the misfortune to be engaged.

This bill is designed to convert the Medical Administrative Corps into a Pharmacy Corps patterned after the other active corps in the United States Army. It sets up a corps which, in organization, operation, administration, reserve reservoir, officer procurement system, Reserve Officer Training Corps units, and flexibility within the Army of the United States, is identical with the Medical, Dental, and Veterinary Corps now in the Medical Department of the Regular Army. Those are the objectives we laid before Congressman Durham and the drafting followed that pattern.

It is a peacetime measure only in the sense that its provisions provide for a permanent organization which will function after this war is over and provide a trained nucleus which, in event of another war, can be rapidly expanded to any required strength. We expect its provisions to be made effective as soon as possible after passage by Congress.

It has been said that the legislation is unwise now because the Medical Department does not know what the after-war requirements of the Army will be. It is a foregone conclusion that the number of officers in the other Medical Department Corps will not be the same in our future peacetime Army as was thought sufficient when the National Defense Act was drafted and passed. The number required in the Pharmacy Corps can be adjusted if and when the number is changed in the Medical Corps.

Mr. Chairman, remembering the sympathetic cooperation of Surgeon General Reynolds, after Mr. Durham handed us a copy of the completed bill, we laid it before the present Surgeon General and asked him to give it his endorsement and make it a War Department measure. He had the matter under consideration from December 1941 until January 16, 1942; we were then given the stock arguments and told that the Surgeon General would not approve the measure.

During those conversations, it was suggested that if we asked for a higher ceiling on rank in the Medical Administrative Corps instead of a corps bill, they would probably approve it; in fact, the offer was made to introduce a bill in Congress if it was necessary. For a long time we had been pointing out the discrimination against the Medical Administrative Corps officer in that he could only advance to the rank of captain and, in that process, was required to serve 5 years as a second lieutenant to become a first lieutenant and 10 years to become a captain. In the other corps, a second lieutenant becomes a first lieutenant after 3 years' service.

We told the Surgeon General we would be delighted if the inequality were removed. Not knowing how far the Medical Department would go, we held our bill until theirs was introduced and passed. However, instead of providing for increased rank up to colonel for the 16 pharmacists in the United States Army (permanent Regular Army), it was an emergency measure to provide the rank in the Army of the United States for the duration of an emergency or for the duration of the war and 6 months thereafter.

We understand that this higher rank was necessary to attract men of ability needed and those skilled in the purchase of drugs and medical supplies, for the procurement function.

Had we had a well-organized Pharmacy Corps in the Army, its Reserve Officers' Corps, for which we have provided in this bill, would undoubtedly have had available for ordering to active duty the required number of officers of wide experience with drug markets and sources of supply for large quantities of medical



and hospital supplies. These professional buyers would have intelligently expanded this department overnight to meet all of the demands made upon it by our rapidly growing Army.

(4) One of the objections to our bill is that in the opinion of the Surgeon General, the pharmacist renders a technical service only and that such service does not demand or warrant a commission. I am quite confident the Surgeon General's opinion is not shared by a very large majority of the physicians and surgeons now in the Army. Dr. Fenton made that clear at the earlier hearing.

It is just nonsense to attempt to place on parity a man who has by practice in a limited area acquired a technical skill of a kind, and a pharmacist who has had professional education in an accredited university school. The dental technician, for instance, assists the dentist, hands him his instruments, performs mechanical operation in the laboratory, heats the water to sterilize the instruments, etc. None of his duties, if unintelligently performed, would result in danger to the life of the patient. He is just a helper with the nonessentials and does the drudgery chores for the operator.

Contrast these duties with those performed by the pharmacist. His education and training teach him to identify and determine the purity of his drugs and chemicals; to keep them under conditions which prevent deterioration, chemical changes and contamination; to accurately translate and interpret prescriptions; to accurately calculate percentage solutions; to exercise care when reaching for the bottle on the shelf; to check the quantities in the prescription to be sure an excessive dose has not been prescribed; to weigh or measure each ingredient accurately; to mix the ingredients in such order as to avoid the formation of toxic compounds or a precipitate which places the most of the active substance in the last dose; to accurately translate and write on the label, the instructions to the patient.

Careless or unintelligent performance of any of these operations may give rise to a fatal result. The Surgeon General cannot see any difference in the quality of the service rendered by the two men but I believe you can.

A year ago, a young man graduated from the school of pharmacy of which I am dean; he is one of the finest scholars who ever received the degree; in his freshman year, on a competitive basis he won a 4-year scholarship worth \$1,220. He maintained his leadership of the class during the 4 years and received at graduation six or eight first prizes and other awards for superior scholarship. When inducted into the Army, he was studying for the Master of Science degree.

The Medical Department trained him as a dental technician. He passed the dental ammunition, but he doesn't praise the Lord while he is doing it.

The Surgeon General cataloging pharmacists with the acknowledged technicians, said it would not be fair to grant commissions to them and not give the same rank to the X-ray technician, optometrist, dental technician, etc. We do not argue against such rank for these men if the service they render warrants the commission. The status of the different groups should be decided on merit.

Much emphasis was placed on the work of the X-ray technician in an effort to place him and the pharmacist on the same level. This X-ray technician should not be confused with the physician who specializes in roentgenology or X-ray therapeutics. The latter is one of the most useful practitioners in the medical field.

On the other hand, the X-ray technician is the handy man to the doctor. He keeps the machine clean, lubricates it, tightens up loose parts and makes minor repairs. Major repairs are made by the manufacturer's servicemen. He may help to place the patient on the table, adjust the machine according to the doctor's orders, and press the button to take the picture or give the treatment. He develops the plates and sends them to the doctor for diagnostic purposes. Later, he files the plates. His actions are all dictated by the physician. The doctor is in immediate charge and his is the responsibility.

In the Army technician's school, among other studies, the soldier takes a brief, highly specialized course in physics to learn how or why the machine works. He has a course in anatomy; as one college graduate described it to me, "enough anatomy so that he will not take a picture of the left arm instead of the right."

I am not disparaging the X-ray technician nor discounting the splendid service he renders but, because of the previous testimony, I must point out the difference between his training and the technical service rendered under immediate physician supervision, and the 4-year education and service of the pharmacist who performs work for which he is solely responsible and which no physician, unless he is a graduate of a school of pharmacy, is competent by education to direct, supervise, or criticize.

My recollection of the last hearing is that in reply to a question by Mr. Thomas, the representative of the Surgeon General stated that their position was that they could not afford to use a pharmacist at full time as an officer in a dispensary. Mr. Chairman, this is the first time I ever heard of a moderate, if any, additional cost cited as a reason for an inferior service having to do with the health and welfare of our boys in the Army. I do not believe the fathers and mothers of our soldiers would subscribe to that policy.

(6) Mr. Chairman, at the hearing on November 17, 1942, when you were inquiring about the 90-day pharmacy training schools, the Surgeon General said they had trained comparatively few pharmacists because they are able to satisfy the demand from those registered pharmacists who have been brought in through the operation of the selective service law.

Later, in reply to a question by Mr. Elson, he said they do not have to commission pharmacists to get them.

I wish to quote from the record of hearings before the Senate Committee on Military Affairs, November 25 and December 3, 1942, on H. R. 7633, S. 2484, and S. 2690. Senator Thomas of Utah presided: "Inasmuch as the question of the use of pharmacists by the Army was extensively discussed in connection with the consideration of the Nurse Corps measure, the texts of S. 2484, introduced by Senator Lee, and S. 2690, introduced by Senator Reynolds, are inserted in the record at this point." S. 2690, now reintroduced and given the number, S. 216, is the same measure you are considering today.

Again, I quote:

"Senator THOMAS. The real problem with regard to pharmacists—correct me if I am wrong in this—is that you have more pharmacists in the Army than you have room for in your pharmacist department; is that the case?"

"Captain BIGGS. No, sir; Colonel Reynolds, who is the director of military personnel in the Services of Supply, has some figures there he can give you. Actually the rate, the current rate of induction of pharmacists is less than our total need for men of that type of training, so that we operate schools in pharmacy."

Col. Russell B. Reynolds testified: "We have a current rate of 1.33 for each 1,000 men who are enlisted who are pharmacists. Up to the 1st of November, we had brought into the Army 4,552 men who have been so classified."

May I quote again:

"Senator JOHNSON. Do you have a further figure there showing the need for even more?"

"Colonel REYNOLDS. Yes, sir, I do; they still need for the next two bases, we figure, 6,000 pharmacist technicians. We have now, if we use every last one of them, 4,552. In addition to the 6,000, the Air Force has asked 250 per month during 1943, so it is quite obvious we will need to train a considerable number because the total required simply are not available through the draft."

"Senator AUSTIN. Now what troubled us the other day, as I recall, was a complaint that you were not drawing from that supply which already exists independently of the Army schools, that is, the colleges where they have courses in pharmacy. What do you say about that? Are we, or are we not drawing upon that supply?"

"Colonel REYNOLDS. I am not quite sure I understand your question. I think of first importance is the fact that we are making use of a vast bulk of pharmacists who enter the Army through the draft or otherwise. Second, that is not enough and we must train more. The ones we are training are trained in our own schools."

Mr. Chairman, it is rather confusing when at one hearing testimony is made that the supply of pharmacists is adequate and at another hearing the same month, statistics are presented by the same department to prove, and the unequivocal statement is made, that the supply under their procurement system is inadequate and they must train more in these 90-day schools.

Clarity results when we analyze their figures:

Pharmacists in the Army, Nov. 1, 1942.....	4, 552
Additional number required in 1943.....	6, 000
Number required by Air Forces in 1943.....	3, 000
Total by end of 1943.....	13, 552
Army procurement objective by end of 1943.....	7, 500, 000
Pharmacist increment through selective service—1.33 in every 1,000 inducted (1.33 ratio applied to 7,500,000).....	9, 975



*Summary*

Number of pharmacists needed by end of 1943.....	13, 552
Number of pharmacists expected in draft.....	9, 975
Number to be given 90 days of training in the Army schools.....	3, 577

This means that 26 percent of the men who will be rendering pharmaceutical service to our sons and daughters in the Army will have a smattering of training which, if used for the same purpose in civilian life, in any State in the Union and the District of Columbia, would promptly subject them to the penalties of the law.

Notwithstanding the alarming situation disclosed by these figures, the Medical Department has refused to make contracts with the universities, similar to those entered into the medical and dental schools, so that additional educated pharmacists will be graduated to provide the men needed now and replacements for the future if the war is protracted. On the contrary, they are calling the pharmacy students who are in the Enlisted Reserve Corps to active duty and taking men even from the senior classes who require but a few months for graduation.

Because the Medical Department sees no need for a safe pharmaceutical service and has not requested the War Manpower Commission and the Selective Service System to issue a memorandum classifying pharmacy students as preparing for an essential service, such a directive has not been issued. On the contrary, Selective Service has recently advised at least one State headquarters that they had no warranty for recommending for deferment any pharmacy students regardless of class status.

At the November 17 hearings, Mr. Martin asked whether men who had completed the 3 months' course take over responsible duties in the dispensing of drugs, similar to a trained pharmacist's duties. The reply was, "No, sir."

Mr. Chairman, the Surgeon General is uninformed. Not only are these soldiers with only 90 days training in the appearance and identification of drugs, their doses, incompatibilities, toxic action, etc., performing pharmaceutical duties which would not be permitted in civil life under the laws of the States, but in some installations, they are in charge of the pharmacy and any graduate registered pharmacists in those dispensaries are subject to their orders.

In a surgical clinic, if a difficult case is under consideration, the final diagnosis and procedure is the responsibility of the chief of the staff. This is true in any other field of endeavor. In the Army particularly, the head of a unit of workers is in command; right or wrong in his judgment, he must be and is obeyed. His is the final word. The drug department of a hospital is no exception to his universal rule. Men with but 90 days' training are in command in some of the Army pharmacies.

Notwithstanding the censoring of mail and the reluctance of the soldiers to describe existing conditions for fear they may be quoted, we have in our files an adequate number of reports to prove beyond question of doubt that this condition does exist.

I cannot publicly mention the names of these soldiers for obvious reasons, but there is no question in the minds of the committee members that the statements are accurate and truthful. A good many of them have been sent to us by the deans of the schools of pharmacy. We probably have reports from deans of universities located in every State represented on your committee. They obtain this information when the old graduates drop in to tell them all about their experience in the Army and through their correspondence with the alumni in the Army.

It is not possible that every dean in the country has been victimized and I ask you to accept the statements as valid evidence.

(7) I had time to examine carefully only 70 of these reports. Sixty-two quoted the soldier as saying that the men with 90 days of training in the Army's schools were performing duties which would not be permitted in civil life under the drug codes of the States. Eight replied "no" or no knowledge of conditions.

(8) Of the 70 reports, 33 contain the statement that the soldier in charge is a product of the 90-day Army schools or a man not licensed to practice pharmacy in any State. If you wish, I shall be glad to submit for the record the statements of these pharmacists with the name of the dean who authenticates or sponsors the letter.

(9) The Surgeon General says there is little compounding of drugs in the field; the drugs are put up in tablet form and that "any intelligent boy can read the

label." The word "field" was not defined. If he meant in the field of active operations, we will agree that the dispensing requirements are exactly on a par with the emergency treatment back of the line.

(10) But even in the field, dangerous and potent drugs are used. You requested a copy of the Army drug supply table. If you study it, you will find listed every narcotic, potent and dangerous drug used by the physician in the treatment of disease. Dr. Fenton, I believe, will confirm this statement. These drugs are labeled in the usual way; not plain to the laymen but understood by the pharmacist.

I submit without fear of contradiction that even an intelligent boy cannot read these labels. Reading implies understanding. The names would be meaningless to him—just so many letters. The implication was that no pharmaceutical education is required for intelligent dispensing.

Gentlemen, suppose a member of your family is seriously ill and the physician writes a prescription for even a single potent remedy. Shall we assume it is heart case and digitalis is ordered or one of the glucosides of that drug—dose, a fraction of a grain. (In the Army, the dose must be ordered by the metric system.) The remedy which may save a life may be in tablet or capsule form as the general said.

Would you be satisfied to have a soldier whose sole knowledge of drugs was gained in 90 days go to the shelves and take a bottle from among scores of hundreds of like appearing containers and count out some pills for you? I am sure you would not.

It is not just a matter of reading a label. There is necessary a sense of care and responsibility obtained through years of study and handling of drugs and chemicals used in the cure of disease; in the very nature of things, watchful caution cannot be part of one who is not thoroughly familiar with the toxic action of drugs given in excessive quantities, and of the sad results which may accrue from mistakes.

This sense of care and responsibility cannot be acquired in 90 days.

To throw additional light on this statement about the ready prepared medicines used in the Army, may I submit an official release from the Public Relations Section United States Army Air Forces, Scott Field, Ill., which includes a photograph of what is described as, "the new and modernly equipped pharmaceutical laboratory". I quote from the release:

"SCOTT FIELD, ILL., January—One glance at the new and modernly equipped pharmaceutical laboratory established by the Medical Corps at Scott Field, parent radio school of the Army Air Forces Technical Training Command, will blow to smithereens that old gag about 'the Army using one kinda pill for every disease'.

(11) "Actually, the pharmacy fills over 18,000 prescriptions a month for major and minor illness—despite the fact that this post has one of the best health records in the entire country. That amount of prescriptions calls for 425 gallons of liquids, 120 pounds of ointments and 15,000 capsules.

"To a layman, the laboratory with its shelf upon shelf of tinctures, pills, ointments, elixirs, lotions, liniments, suppositories and antiseptics, glass tubes, beakers, flasks and other devices looks like the workshop of Dr. Jekyll or Mr. Hyde.

"Of course, good equipment is useless without skilled men to use it. But a roster of the Scott Field staff reads like a pharmaceutical society yearbook with every man holding a degree or two from an accredited college of pharmacy before he entered the Army.

"Lt. Leonard W. Gopp, former professor of pharmacy at the University of Grand Rapids, Grand Rapids, Mich., is in charge of the work. His staff includes: Sgt. J. H. Schwarzauber, of Belleville, Ill., B. S. St. Louis College of Pharmacy; Cpl. Val Watt, and Private First Class Dave Watt, Springfield, Ill., B. S. University of Illinois; Cpl. Charles H. Larson, of Dows, Iowa, B. S. Drake University; Private First Class Antonio Pandolfo, Medford, Mass., B. S. Massachusetts College of Pharmacy; Private First Class Edward T. Kuapp, of Rushville, Ill., Ph. G. Des Moines University; Pvt. Herman Lauchere, of Alameda, Calif., Ph. G. University of California; Private First Class Al Jackebv, of Peoria, Ill.; drug salesman; Privts. Robert Minstead, of Chatsworth, Ill., and Robert Decker, of Berwind, W. Va., former drug clerks."



For immediate release.

PUBLIC RELATIONS SECTION,  
UNITED STATES ARMY AIR FORCES,  
*Scott Field, Ill.*

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The CHAIRMAN. Thank you very much, sir.

Is there anything further?

Mr. FENTON. That is all.

The CHAIRMAN. Dr. Howard C. Newton.

#### STATEMENT OF DR. HOWARD C. NEWTON, AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Dr. NEWTON. The American Association of Colleges of Pharmacy is an organization with a membership of 61 colleges and schools of pharmacy throughout the United States. Its object is to promote pharmaceutical education and research. I have attached to my prepared statement a list of these colleges, including the universities with which they are a part and the location of these by States.

As president of the American Association of Colleges of Pharmacy, I am directed to report to you that by vote of its members the association endorses the bill, H. R. 997, which proposes to establish a Pharmacy Corps in the United States Army.

The purpose of my testimony is limited to two points; first, to furnish you briefly with information on the education and training of pharmacists, so that you may know that this education and training is adequate for the personnel of the proposed corps, and that it meets the high standards expected of the officer personnel of the United States Army; second, to express the opinion that if the opportunity offered by the proposed corps is given for the increased use of this education and training, the United States Army will recognize a very efficient pharmaceutical service which will result in and will recognize it as an important asset.

The regular curriculum of the colleges of pharmacy is the result of very careful study and development. It is of 4 years and of not less than 3,200 hours of intensive classroom and laboratory work. The details of the courses in outline form are the subject of continual study and of revision where that is necessary, and this outline is published under the title "The Pharmaceutical Syllabus." It is recognized by educators generally as a work based on an excellent foundation. The content of this curriculum is derived functionally from studies of the needs of the profession.

Pharmacy today is an important agency in the preservation of the public health. Its responsibility is to prepare and make available all the medicines, new and old, which the medical profession may require in the scientific treatment of disease or which the public may safely use as household remedies. In order to discharge this great responsibility there has developed a tremendous modern industry requiring pharmacists educated and trained to take their places in the pharmaceutical manufacturing plants, in the research laboratories, in the governmental inspection bureaus, as well as in the distribution outlets, the thousands of retail drug stores, the hospitals, and the public dispensaries.

Modern practice of pharmacy requires an education in a college of pharmacy which has adequate facilities for its work comparable to those of the schools of medicine in their field.

Full consideration of these responsibilities and requirements has been given in the preparation of the pharmaceutical curriculum. First, it is recognized that in order to practice pharmacy intelligently one must have a good background of knowledge of chemistry. This is furnished through full courses in inorganic, organic, and analytical chemistry, qualitative, quantitative, volumetric and gravimetric and biochemistry. These courses constitute a major subject for the student in pharmacy.

Second, it is recognized equally that a good background of knowledge of the biological sciences is necessary, and this is furnished through courses in zoology, botany, physiology, and bacteriology. There are courses in pharmacognosy, pharmacology, and public health which makes direct application of the knowledge gained in chemistry and in the biological sciences, directly applied to the study of the uses of drugs.

Fourth, there is a large group of courses in the curriculum designated under the general title of Pharmacy. These make application of all the divisions of knowledge which I have mentioned. As would naturally be expected, these constitute another major subject in the pharmacy student's curriculum.

Fifth, and finally, there are sufficient courses in the curriculum, in mathematics, in physics and in English, to enable the student to carry on satisfactorily his studies.

I have attached to my testimony a statement of the accrediting standards of the American Council of Pharmaceutical Education. This will, I believe, substantiate many of the statements which I make.

Now, when a student has completed the curriculum, he has the basic education and training to enter the practice of the profession. But in addition almost all States require that he have at least 1 year of supervised practice or internship before he can enter the licensing



examinations of that State. If the student wishes to specialize in a particular phase of the practice, he may continue in the colleges. He may take graduate studies, engage in research, and earn the very highest of graduate degrees.

From this brief résumé of the pharmaceutical curriculum I think you may readily conclude that pharmaceutical education is comprehensive, is carefully planned, and is worthy of the profession for which it prepares practitioners; and further, I believe you can conclude that these practitioners are adequately educated and trained to take their share of responsibility in the field of public health.

I should like to, by way of recapitulation, make a few statements: First, pharmacy has a very definite responsibility in the health field, both in military and civilian life. Second, pharmaceutical education recognizes this responsibility and has prepared very carefully a curriculum for those who would enter this field of practice. Third, those who have satisfactorily completed this curriculum are the ones exclusively on whom should be placed the responsibility of the profession; and fourth, by placing the responsibility of the profession on those who are carefully prepared for it, we certainly are doing something in the interest of the health of the people.

Very logically I believe we may say that if enacted, this bill, which places the responsibility for pharmacy in the United States Army on those who are properly prepared for it, will be in the interest of greater efficiency in the service which pharmacy provides.

(The following statement was submitted by Dr. Newton:)

STATEMENT OF HOWARD C. NEWTON, PRESIDENT, AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY, ON PHARMACY CORPS BILL (H. R. 997)

The American Association of Colleges of Pharmacy is an organization having as its members 61 colleges and schools of pharmacy throughout the United States. Its object is to promote pharmaceutical education and research. I attach as part of this testimony a list of the 61 member colleges, indicating the universities of which they are a part, and the States in which they are located.

I am directed to report to you that the American Association of Colleges of Pharmacy, by vote of its members, endorses the bill, H. R. 997, which proposes to establish a Pharmacy Corps in the United States Army.

The specific purpose of my testimony is (1) to furnish in brief form information regarding the education and training of pharmacists so that you may know that this education and training is adequate preparation for the responsibilities and duties of the personnel of the proposed corps and complies with the high educational standards for the officer personnel of the United States Army; and (2) to express the opinion that if given the opportunity afforded by the proposed corps for greater application of this education and training, there would be developed an efficient pharmaceutical service which the United States Army would recognize as a valuable asset.

The regular curriculum of the colleges of pharmacy is the result of long, careful study and development. It is one of 4 years and of at least 3,200 hours of intensive classroom and laboratory work. The outline of the curriculum is revised and published under the title "The Pharmaceutical Syllabus," and it is respected by educators as a work which is based on an excellent foundation. The content of this curriculum has been derived functionally from a study of the needs of the profession.

Pharmacy today is one of the important agencies engaged in the preservation of the public health. Its responsibility is to prepare and make available all the medicines, new and old, which the medical profession may require in the scientific treatment of disease, or which may be employed safely by the public as household remedies. In order to discharge this responsibility, a tremendous modern industry has been established requiring pharmacists educated and trained to take their places in manufacturing plants, research laboratories, governmental inspection bureaus, in addition to the distribution outlets such as the thousands of

drug stores, the hospitals, and the public dispensaries. The modern practice of pharmacy requires a modern education and training in a college of pharmacy which has adequate facilities for its work, comparable to those of the medical school in its field. The pharmaceutical curriculum has been developed with full consideration of these responsibilities and requirements.

First, it is recognized that a good background of knowledge of chemistry is essential for those who would practice pharmacy intelligently. The curriculum provides for this with full courses in inorganic chemistry, organic chemistry, analytical chemistry, qualitative and quantitative, both gravimetric and volumetric, and finally, biochemistry. These constitute a major subject for the student.

Second, it is recognized that an equally good background of knowledge of biological science is necessary. This is furnished through full courses in zoology, botany, physiology, and bacteriology.

Third, there are the courses in pharmacognosy, pharmacology, and public health in which the knowledge of chemistry and the biological sciences is applied directly to the study of drugs.

Fourth, the curriculum has a large group of courses which apply all of the previously mentioned divisions of knowledge to the actual preparation of medicines. These are the courses designated under the general title of "Pharmacy," with dispensing pharmacy as the culmination of all of them. This group of pharmacy courses, as would be expected, constitutes another major subject for the student.

Fifth, and finally, there are included sufficient courses in English, physics, and mathematics to enable the student to carry on his studies satisfactorily.

I attach for the record a copy of the Standards for Accreditation of Colleges of Pharmacy by the American Council on Pharmaceutical Education, the accrediting agency in this field.

A student who completes this curriculum has the basic education and training to enter the practice of the profession but, in addition, nearly all States require at least a year of supervised practice or internship before he is allowed to enter the State licensing examinations.

The student who wishes to specialize in some particular phase of the practice may continue his studies in the colleges, take graduate courses, engage in research and earn the highest of graduate degrees.

Even from this very brief résumé of the principal features of the pharmaceutical curriculum, you may readily conclude that modern pharmaceutical education is comprehensive, carefully planned and worthy of the profession for which it prepares practitioners. Further, it may be concluded that these practitioners are educated and trained to assume their share of the great responsibility of those engaged in the preservation of health.

The following statements may serve as a recapitulation:

(1) The profession of pharmacy has a very definite responsibility in the health field, in both civilian and military life.

(2) Modern pharmaceutical education recognizes this responsibility and has a comprehensive and carefully planned curriculum for the preparation of those who wish to enter the practice of the profession.

(3) Those who have satisfactorily completed this curriculum are the ones on whom the responsibility of the profession should be placed, exclusively.

(4) Placing this responsibility on those properly prepared for it is directly in the interest of the public health.

From these facts it is logical to believe that, if enacted, this bill which places the responsibility for pharmacy in the United States Army on those properly prepared for it, would greatly increase the efficiency of the important health service which pharmacy provides.

#### INSTITUTIONS HOLDING MEMBERSHIP IN THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

Alabama: Alabama Polytechnic Institute, School of Pharmacy, Auburn. Lynn S. Blake, dean (1905).\*

California:

University of California, College of Pharmacy, Berkeley. Carl L. A. Schmidt, dean (1942). (Carl L. A. Schmidt.)

University of Southern California, College of Pharmacy, Los Angeles. Alvah G. Hall, acting dean (1918). (Alvah G. Hall.) \*\*

\*Denotes year institution was admitted to the Association.

\*\*Names in parentheses were representatives at the 1942 meeting.



- Colorado: University of Colorado, College of Pharmacy, Boulder. Homer C. Washburn, dean (1921). (Homer C. Washburn, David W. O'Day, Joseph B. Sprowls, Ramona Parkinson.)
- Connecticut: University of Connecticut, College of Pharmacy, New Haven. Henry S. Johnson, dean (1935). (Henry S. Johnson.)
- District of Columbia:  
George Washington University, School of Pharmacy, Washington. W. Paul Briggs, dean (1900). Charles W. Bliven, acting dean. (W. Paul Briggs, Charles W. Bliven, Lloyd W. Hazleton.)  
Howard University, College of Pharmacy, Washington. Chauncey I. Cooper, acting dean (1926). (Chauncey I. Cooper.)
- Florida: University of Florida, College of Arts and Science, Townes R. Leigh, dean, School of Pharmacy, Gainesville. Perry A. Foote, director (1925).
- Georgia: University of Georgia, School of Pharmacy, Athens. Robert C. Wilson, dean (1923). (Robert C. Wilson.)
- Idaho: University of Idaho, Southern Branch, College of Pharmacy, Pocatello. Eugene O. Leonard, dean (1927).
- Illinois: University of Illinois, College of Pharmacy, Chicago. Earl R. Serles, dean (1900). (Earl R. Serles, Elmer H. Wirth, Solomon D. Gershon.)
- Indiana:  
Indianapolis College of Pharmacy, Indianapolis. Edward H. Niles, dean (1927). (Edward H. Niles, Francis E. Bibbins.)  
Purdue University, School of Pharmacy, Lafayette. Glenn L. Jenkins, dean (1901). (Glenn L. Jenkins, Charles O. Lee.)
- Iowa:  
Drake University, College of Pharmacy, Des Moines. George E. Crossen, dean (1942). (George E. Crossen.)  
State University of Iowa, College of Pharmacy, Iowa City, Rudolph A. Kuever, dean (1901). Rudolph A. Kuever, Zada M. Cooper.)
- Kansas: University of Kansas, School of Pharmacy, Lawrence. J. Allen Reese, Dean (1900). (J. Allen Reese, Lloyd L. Boughton.)
- Kentucky: Louisville College of Pharmacy, Louisville. Gordon L. Curry, Dean (1900). (Gordon L. Curry, A. P. Markendorf.)
- Louisiana:  
Loyola University, New Orleans, College of Pharmacy, New Orleans. John F. McCloskey, Dean (1921). (John F. McCloskey, Edward J. Ireland.)  
Xavier University, College of Pharmacy, New Orleans. Lawrence F. Ferring, Dean (1933). (Lawrence F. Ferring.)
- Maryland: University of Maryland, School of Pharmacy, Baltimore. Andrew G. DuMez, Dean (1900). (Andrew G. DuMez, B. Olive Cole.)
- Massachusetts: Massachusetts College of Pharmacy, Boston. Howard C. Newton, Dean (1900). (Howard C. Newton, Heber W. Youngken, Ray H. Kelley, Eldin V. Lynn, Charles W. Bauer, Samuel M. Best.)
- Michigan:  
Detroit Institute of Technology, College of Pharmacy and Chemistry, Detroit; Esten P. Stout, dean (1923).  
Ferris Institute, College of Pharmacy, Big Rapids. Howard Hopkins, dean (1938). (Howard Hopkins.)  
University of Michigan, College of Pharmacy, Ann Arbor. Howard B. Lewis, director (1900). (Charles H. Stocking, Elmon L. Cataline.)  
Wayne University, College of Pharmacy, Detroit. Roland T. Lakey, dean (1925). (Roland T. Lakey.)
- Minnesota: University of Minnesota, College of Pharmacy, Minneapolis. Charles H. Rogers, dean (1901). (Charles H. Rogers, George E. Crossen.)
- Mississippi: University of Mississippi, School of Pharmacy, Oxford. Elmer L. Hammond, dean (1913). (Elmer L. Hammond.)
- Missouri: St. Louis College of Pharmacy, St. Louis. Arthur F. Schlicting, dean (1900). (Walter G. Fredell.)
- Montana: State University of Montana, School of Pharmacy, Missoula. Charles E. F. Mollett, dean (1917). (Charles E. F. Mollett.)
- Nebraska:  
Creighton University, College of Pharmacy, Omaha. William A. Jarrett, dean (1916). (William A. Jarrett, F. V. Potrepka.)  
University of Nebraska, College of Pharmacy, Lincoln. Rufus A. Lyman, dean (1913). (Rufus A. Lyman, Joseph B. Burt, Harold G. O. Holek, F. Scott Bukey.)

New Jersey: Rutgers University, The State University of New Jersey, New Jersey College of Pharmacy, Newark. Ernest Little, dean (1923). (Martin S. Ulan.)

New York:

University of Buffalo, School of Pharmacy, Buffalo. A. B. Lemon, dean (1939).

Columbia University, College of Pharmacy of the City of New York, New York. Charles W. Ballard, dean (1939). (Frederick D. Laseoff.)

Fordham University, College of Pharmacy, New York. Charles J. Deane, acting dean (1939).

Long Island University, Brooklyn College of Pharmacy, Brooklyn. Hugo H. Schaefer, dean (1939). (Hugo H. Schaefer.)

North Carolina: University of North Carolina, School of Pharmacy, Chapel Hill. J. Grover Beard, dean (1917). (J. Grover Beard.)

North Dakota: North Dakota Agricultural College, School of Pharmacy, Fargo. William F. Sudro, dean (1922). (William F. Sudro.)

Ohio:

Ohio Northern University, College of Pharmacy, Ada. Rudolph H. Raabe, dean (1925). (Rudolph H. Raabe, G. Horace McFadden.)

Ohio State University, College of Pharmacy, Columbus. Bernard V. Christensen, dean (1900). (Bernard V. Christensen, L. David Hiner.)

University of Toledo, College of Pharmacy, Toledo. George L. Baker, dean (1941). (Bess G. Emch.)

Western Reserve University, School of Pharmacy, Cleveland, Edward D. Davy, acting dean (1902). (Malcolm S. Trupp.)

Oklahoma: University of Oklahoma, School of Pharmacy, Norman. David B. R. Johnson, dean (1905). (David B. R. Johnson.)

Oregon: Oregon State College, School of Pharmacy, Corvallis. Adolph Ziefle, dean (1935). (Lewis C. Britt.)

Pennsylvania:

Duquesne University, School of Pharmacy, Pittsburgh. Hugh C. Muldoon, dean (1927). (Hugh C. Muldoon.)

Philadelphia College of Pharmacy and Science, Philadelphia. Ivor Griffith, dean (1900). (Ivor Griffith, Freeman P. Stroup, John McDonnell.)

Temple University, School of Pharmacy, Philadelphia. H. Evert Kendig, dean (1928). (H. Evert Kendig, James C. Munch, Herbert M. Cobe, Robert L. Swain.)

University of Pittsburgh, Pittsburgh College of Pharmacy, Pittsburgh. C. Leonard O'Connell, dean (1900). (C. Leonard O'Connell, Leasure K. Darbaker.)

Philippines: University of the Philippines, College of Pharmacy, Manila. Mariano V. del Rosario, dean (1917).

Puerto Rico: University of Puerto Rico, College of Pharmacy, Rio Piedras. Luis Torres-Diaz, dean (1926).

Rhode Island: Rhode Island College of Pharmacy and Allied Sciences, Providence. W. Henry Rivard, dean (1926). (W. Henry Rivard, Albert W. Clafin, Charles F. Gilson.)

South Carolina:

Medical College of the State of South Carolina, Charleston. Robert Wilson, Jr., dean, School of Pharmacy, William F. Prout, acting director (1940). (William A. Prout.)

University of South Carolina, School of Pharmacy, Columbia. Emery T. Motley, dean (1928).

South Dakota: South Dakota State College, Division of Pharmacy, Brookings. Floyd J. Le Blanc, dean (1908). (Clark T. Eidsmoe.)

Tennessee: University of Tennessee, School of Pharmacy, Memphis. Robert L. Crowe, dean (1914).

Texas: University of Texas, College of Pharmacy, Austin. William F. Gidley, Dean (1926). (William F. Gidley.)

Virginia: Medical College of Virginia, School of Pharmacy, Richmond. Wortley, F. Rudd, dean (1908). (Thomas D. Rowe.)



## Washington:

State College of Washington, School of Pharmacy, Pullman. Pearl H. Dirstine, dean (1912). (Allen I. White.)

University of Washington, College of Pharmacy, Seattle. Forest J. Goodrich, dean (1905). (Forest J. Goodrich, James M. Dille, Elmer M. Plein.)

West Virginia: West Virginia University, College of Pharmacy, Morgantown. J. Lester Hayman, Director (1920). (J. Lester Hayman.)

Wisconsin: University of Wisconsin, School of Pharmacy, Madison. Arthur H. Uhl, director (1900). (Arthur H. Uhl, George Urdang.)

STANDARDS FOR ACCREDITATION OF COLLEGES OF PHARMACY AND CONSTITUTION AND BY-LAWS OF THE AMERICAN COUNCIL OF PHARMACEUTICAL EDUCATION  
(FIRST REVISED EDITION MARCH 1942)

*Officers.*—E. F. Kelly, president, 2215 Constitution Avenue, Washington, D. C.; H. C. Christensen, vice president, 130 North Wells Street, Chicago, Ill.; A. G. DuMez, secretary-treasurer, 32 South Greene Street, Baltimore, Md.

*Members.*—Representing the American Pharmaceutical Association: R. P. Fischelis, Trenton, N. J.; David F. Jones, Watertown, S. D.; E. F. Kelly, Washington, D. C. Representing the National Association of Boards of Pharmacy: H. C. Christensen, Chicago, Ill.; R. L. Swain, New York, N. Y.; A. C. Taylor, Washington, D. C. Representing the American Association of Colleges of Pharmacy: A. G. DuMez, Baltimore, Md.; Townes R. Leigh, Gainesville, Fla.; Ernest Little, Newark, N. J. Representing the American Council on Education: Earl J. McGrath, Buffalo, N. Y.

## PREFACE

BALTIMORE, MD., *March 27, 1942.*

The American Council on Pharmaceutical Education is an accrediting agency for colleges of pharmacy sponsored and authorized by the American Pharmaceutical Association, the National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy. It was organized in 1932 and incorporated as a nonprofit organization in 1940. From the standpoint of origin, it is a direct outgrowth of the survey committee created by the National Association of Boards of Pharmacy 5 years earlier.

In 1927 the National Association of Boards of Pharmacy appointed a committee to make a comprehensive survey of pharmacy for the purpose of obtaining information which might be used as the basis for establishing standards for colleges of pharmacy. This committee was designated the Pharmaceutical Survey Committee. In 1928 the American Association of Colleges of Pharmacy was tendered and accepted an invitation to join the National Association of Boards of Pharmacy in the furtherance of this survey project. Later in the same year the American Pharmaceutical Association joined the movement and the American Council on Education was invited to supervise the survey. Owing, however, to unforeseen difficulties encountered in attempts to raise the funds necessary to carry on the contemplated work, the project was discontinued after several years of effort, and in 1932 there was organized a new committee consisting of three representatives from each, the American Pharmaceutical Association, the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, and one representative from the American Council on Education. The new committee was given the title of the American Council on Pharmaceutical Education, and a constitution and bylaws providing for its organization and the conduct of its business were drafted and approved by the constituent organizations.

The council held its first meeting in Toronto, Canada, on August 26, 1932. Since then it has held one or more meetings each year. The activities of the council for the 5-year period immediately following its organization were directed in the main toward the preparation of the standards to be used in determining the acceptability of a college of pharmacy for accreditation. The first approved draft of these standards was published on August 15, 1937. During the next 3 years, the colleges of pharmacy which had applied for accreditation were investigated and on January 1, 1940, the first roll of accredited colleges was published.

Since January 1, 1940, the council has been incorporated, a new constitution and bylaws have been adopted and the standards for accreditation of colleges of pharmacy adopted on August 15, 1937, have been revised. The revised edition was adopted on March 27, 1942, and is published herewith.

A. G. DuMez, *Secretary-Treasurer.*

**CERTIFICATE OF INCORPORATION OF THE AMERICAN COUNCIL ON PHARMACEUTICAL  
EDUCATION, INC.**

This is to certify:

First. That we, the subscribers, Evander F. Kelley, whose post office address is 2215 Constitution Avenue, Washington, D. C., and Andrew G. DuMez, whose post office address is 32 South Greene Street, Baltimore, Md., and Robert L. Swain, whose post office address is 3507 Edgewood Road, Baltimore, Md., all being of full legal age, do under and by virtue of the general laws of the State of Maryland authorizing the formation of corporations, associate ourselves with the intention of forming a corporation.

Second. That the name of the corporation (which is hereinafter called the corporation) is: The American Council on Pharmaceutical Education, Inc.

Third. The purpose for which the corporation is formed and the objectives to be promoted by it are as follows:

(a) To organize and operate a corporation exclusively for educational and other nonprofitable purposes and no part of the net earnings of the corporation is to enure to the benefit of any member.

(b) To formulate the educational, scientific and professional principles and standards which an approved school or college of pharmacy will be expected to meet and maintain.

(c) To revise these principles and standards when deemed necessary or advisable.

(d) To investigate any school or college of pharmacy that requests the approval of this corporation.

(e) To publish a list of approved schools or college of pharmacy and to revise such lists annually or as frequently as deemed desirable.

(f) To satisfy itself that the schools and colleges which have been approved maintain the proper standards through conferences with members of the faculties and the reinspection of any or all colleges of pharmacy at regular intervals or at such other times as may be deemed advisable. The approval of any school or college failing to maintain the standards formulated by the corporation shall be withdrawn.

(g) To assist in the advancement and improvement of pharmaceutical education and registration.

(h) To purchase, lease, or otherwise acquire, hold, develop, improve, mortgage, sell, exchange, let or in any manner encumber or dispose of real or personal property wheresoever situate.

Fourth. The post office address of the place at which the principal office of the corporation in this State will be located is 32 South Greene Street, Baltimore, Md. The resident agent of the corporation is Andrew G. DuMez, whose post office address is 32 South Greene Street, Baltimore, Md. Said resident agent is a citizen of the State of Maryland and actually resides therein.

Fifth. The corporation shall have no capital stock. The following shall be the first members of the corporation:

- (a) Evander F. Kelly, 2215 Constitution Avenue, Washington, D. C.
- (b) Andrew G. DuMez, 32 South Greene Street, Baltimore, Md.
- (c) Henry A. B. Dunning, Charles and Chase Streets, Baltimore, Md.
- (d) David F. Jones, South Kemp Avenue, Watertown, S. Dak.
- (e) Henry C. Christensen, 130 North Wells Street, Chicago, Ill.
- (f) Augustus C. Taylor, 1733 Upshur Street, N.W., Washington, D. C.
- (g) Robert L. Swain, 3507 Edgewood Road, Baltimore, Md.
- (h) Townes R. Leigh, University of Florida, Gainesville, Fla.
- (i) Charles B. Jordan, Purdue University, Lafayette, Ind.
- (j) David Allan Robertson, president Goucher College, Baltimore, Md.

who shall act as directors until the first annual meeting or until their successors are duly chosen and qualified.

Sixth. Members may resign or be removed, vacancies may be filled, and additional members elected or appointed as provided in the bylaws and in this certificate of incorporation.

Seventh. Meetings of members may be held outside the State of Maryland provided due notice thereof is given pursuant to the provision of the bylaws and this certificate of incorporation.

Eighth. Board of directors.

SEC. 1. *Election and powers.*—The business and property of the corporation, except as otherwise provided by statute or by the charter, or by the bylaws, shall be conducted and managed by its board of 10 directors, which shall consist



of the members of the corporation subject to increase or decrease as hereinafter provided. The board of directors of the corporation shall be chosen as follows: The American Pharmaceutical Association, the National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy shall each elect or appoint 3 voting members; the American Council on Education shall appoint 1 member. In the initial organization of the board of directors, the American Pharmaceutical Association, the National Association of Boards of Pharmacy, and the American Association of Colleges of Pharmacy shall each elect or appoint 1 member for a term of 2 years, 1 for a term of 4 years and 1 for a term of 6 years. Thereafter all members of the board of directors shall be elected or appointed by these organizations for a term of 6 years. The appointment of the American Council on Education shall be for a term of 6 years. The board of directors shall keep minutes of its meetings and a full account of its transactions.

SEC. 2. *First regular meeting.*—The first meeting of the board of directors shall be held immediately for the purpose of organization, the adoption of bylaws, and the transaction of such other business as may be necessary, or as soon as practical.

SEC. 3. *Additional regular meetings.*—In addition to the first regular meeting, regular meetings of the board of directors shall be held at the principal office of the corporation in Baltimore, Md., at 32 South Green Street, at least once a year, and at such other times and places as may be fixed from time to time by the board of directors.

SEC. 4. *Special meetings.*—Special meetings at the board of directors shall be held whenever called by the president or by a majority of the directors either in writing or by vote.

SEC. 5. *Place of meetings.*—Subject to the provisions of section 2, the board of directors may hold its regular and special meetings at such place or places within or without the State of Maryland as it from time to time may determine. In the absence of any such determination, regular and special meetings of the board of directors shall be held at the principal business office of the corporation in Baltimore, Md.

SEC. 6. *Notice of meetings.*—Notice of the place, day, and hour of every regular and special meeting shall be given to each director, either—

1. By notice in writing mailed to him postage prepaid not later than the tenth day before the day set for the meeting and addressed to him at his last known postoffice address according to the records of the corporation; or,

2. By notice in writing delivered to him personally or left at his residence or usual place of business not later than the third day before the day fixed for the meeting; or,

3. By telegraph or telephone not later than the third day before the day set for the meeting. No notice, however, of the time, place, or purpose of any meeting need be given to any director, who, in writing executed and filed with the records of the meeting either before or after the holding thereof, waives such notice. No notice of any adjourned meeting of the board of directors need be given.

SEC. 7. *Quorum.*—Six members of the board of directors shall be necessary and sufficient to constitute a quorum for the transaction of business at every meeting of the board of directors; but if at any meeting there be less than a quorum present, a majority of those present may adjourn the meeting from time to time, but not for a period of over 10 days at any one time, without notice other than by announcement at the meeting at which a quorum shall attend. At any such adjourned meeting at which a quorum shall be present, any business may be transacted which might have been transacted at the meeting as originally notified.

SEC. 8. *Vacancies.*—If any director shall die or resign, his successor shall be elected or appointed by the organization of which he was a representative to hold office for the portion of the term of the director whose place shall so become vacant, and until his successor shall have been duly chosen and qualified.

#### Ninth. Officers.

SEC. 1. *Executive officers.*—The executive officers of the corporation shall be a president, a vice president and a secretary-treasurer and such other officers as the board may from time to time consider necessary for the proper conduct of the business of the corporation. The executive officers shall be elected annually by the board of directors, at its first regular meeting held in each year. Each such officer holds office for a term of 1 year, and thereafter until his successor is elected and qualified or until his death, resignation or removal.

SEC. 2. *President.*—The president shall be a director of the corporation. He shall be the chief executive officer of the corporation. He shall, when present, preside at all meetings of the directors; he shall have general management and direction of the business of the corporation and all powers ordinarily exercised by the president of a corporation. He shall annually prepare and file a true statement of the affairs of the corporation which should be submitted at the first regular meeting of the board of directors held during the year and should be filed within 20 days thereafter at the principal office of the corporation in the State of Maryland.

SEC. 3. *Vice president.*—In the absence of the president, the vice president shall perform all the duties of the president and while so acting shall have the powers of the president.

SEC. 4. *Secretary-treasurer.*—The secretary-treasurer shall keep the minutes of the meetings of the members and of the board of directors, in books provided for the purpose; he shall see that all notices are duly given in accordance with the provisions of the bylaws or as required by law. He shall be the custodian of the records and of the corporate seal of the corporation; he shall see that the corporate seal is affixed to all documents, the execution of which on behalf of the corporation under its seal is duly authorized, and when so affixed may attest the same and generally he shall perform all duties ordinarily incident to the office of a secretary of a corporation, and such other duties as, from time to time, may be assigned to him by the board of directors or by the president; he shall have charge of and be responsible for all funds, securities, receipts, and disbursements of the corporation and shall deposit, or cause to be deposited in the name of the corporation all moneys or other valuable effects in such banks, trust companies or other depositories as shall from time to time, be selected by the board of directors; he shall render to the president and to the board of directors, whenever requested, an account of the financial condition of the corporation and in general he shall perform all the duties ordinarily incident to the office of a treasurer of a corporation, and such other duties as may be assigned to him by the board of directors or by the president.

Tenth. Sundry provisions.

SEC. 1. *Negotiable instruments and other evidences of indebtedness.*—All checks, drafts, or orders for the payment of money, notes and other evidences of indebtedness, issued in the name of the corporation, shall be signed by the secretary-treasurer. No checks shall be signed in blank.

SEC. 2. *Fiscal year.*—The fiscal year of the corporation shall be the calendar year, unless otherwise provided by the board of directors.

SEC. 3. *Seal.*—The seal of the corporation shall be circular in form, with the name of the corporation inscribed around the outer edge, and in the center shall be inscribed the words "Incorporated, Maryland."

SEC. 4. *Books and records.*—Original or duplicate ledgers, containing the names and addresses of the members shall be kept at the principal business office of the corporation in Baltimore, Md.

SEC. 5. *Bonds.*—The board of directors may require any officer, agent, or employee of the corporation to give to the corporation, for the faithful discharge of his duties, a bond, in such amount, on such conditions, and with such surety or sureties, as may be required by the board.

In witness whereof we have signed this certificate of incorporation on this 12th day of August 1939.

Witness:

FRANKLIN DEBAUGH, Jr.  
LORRAINE R. FRANCIS.  
LORRAINE R. FRANCIS.

STATE OF MARYLAND,

City of Baltimore, to wit:

Signed:

EVANDER F. KELLY.  
ANDREW G. DuMEZ.  
ROBERT L. SWAIN.

I hereby certify that on this 12th day of August 1939, before me, the subscriber, a notary public of the State of Maryland, in and for Baltimore City, personally appeared Andrew G. DuMez and Robert L. Swain and they severally acknowledged the foregoing certificate of incorporation to be their respective act.

As witness my hand and notarial seal.

LORRAINE R. FRANCIS, Notary Public.



## STATE OF MARYLAND,

*County of Baltimore, to wit:*

I hereby certify that on this 12th day of August 1939, before me, the subscriber, a notary public of the State of Maryland, in and for Baltimore County, personally appeared Evander F. Kelly and he acknowledged the foregoing certificates of incorporation to be his act.

As witness my hand and notarial seal.

FRANKLIN DEBAUGH, Jr.

*State Tax Commission of Maryland:*

It is hereby certified that the within instrument is a true copy of certificate of incorporation of "The American Council on Pharmaceutical Education, Inc." as received and approved by the State Tax Commission of Maryland August 14, 1939, at 11 a. m.

As witness my hand and seal of said commission of Baltimore this 14th day of August 1939.

ALBERT W. WARD, *Secretary.*

## BYLAWS

1. *Committees.*—The board of directors shall establish such committees as it deems necessary.

2. *Funds.*—The president of the corporation shall prepare a budget annually and submit the same to the board of directors for approval or disapproval. Said budget shall cover only legitimate expenses for the effective work of the corporation. This budget may be altered by the board of directors as the said board sees fit, providing debts are not incurred before the funds are forthcoming and payable.

The funds to meet the budget and other expenses shall be provided by annual contributions from the American Pharmaceutical Association, the National Association of Boards of Pharmacy, the American Association of Colleges of Pharmacy, and from other available sources.

3. *Disbursement of funds.*—All disbursements of moneys shall be made upon the written order of the president of the corporation, and the secretary-treasurer shall annually submit an itemized account of all receipts and disbursements to the board of directors for approval, and shall send a report of the same to the following organizations:

- (a) The American Pharmaceutical Association.
- (b) The National Association of Boards of Pharmacy.
- (c) The American Association of Colleges of Pharmacy.
- (d) The American Council on Education.

4. *Order of business.*—At all meetings of members or directors, the order of business shall be, as far as applicable and practical, as follows:

(a) Organization.

(b) Proof of notice of meeting or of waivers thereof. The certificate of the secretary-treasurer of the corporation or the affidavit of any other person who mailed the notices or caused the same to be mailed, shall be accepted as proof of service of notice by mail.

(c) Submission of an alphabetical list of members or directors entitled to vote thereat.

(d) At an annual meeting, or at a meeting called for that purpose, reading of unapproved minutes of preceding meetings, and action thereon.

(e) Reports.

(f) At an annual meeting, the election of directors.

(g) Unfinished business.

(h) New business.

(i) Adjournment.

5. *Payment of expenses of members and stenographic and other help.*—All members voting and advisory, and all directors and officers, shall serve without pay, but any expenses incurred by members or by the directors or officers of the corporation in the official conduct of the business of the corporation shall be paid. The officers of the corporation may employ stenographic and other help to be paid for by the council, if approval of such an employment has been previously secured from the board of directors.

6. *Amendments.*—These bylaws, or any of them, or any additional or supplementary bylaws, may be altered or repealed and new bylaws may be adopted at any annual meeting of the members or at any special meeting, notice of which shall set forth the terms of the proposed amendment. The board of directors may exercise the power to make, alter, and repeal bylaws

STANDARDS OF THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION FOR  
ACCREDITATION OF COLLEGES OF PHARMACY (REVISED MAR. 27, 1942)*Definitions.*

1. *College of Pharmacy.*—The title, college of pharmacy, also referred to as college, as used hereinafter, means an incorporated college of pharmacy, or a school, college, or department of pharmacy in a State university, or in a regularly incorporated or legally empowered educational institution.

2. *Council.*—"Council," as used hereinafter, means the American Council on Pharmaceutical Education.

3. *Inspection Committee.*—"Inspection Committee," as used hereinafter, means a committee appointed by the American Council on Pharmaceutical Education to inspect a college of pharmacy for the purpose of determining its acceptability for accreditation or its eligibility to remain on the accredited roll.

4. *Pharmaceutical Syllabus.*—"Pharmaceutical Syllabus," also referred to as "Syllabus," as used hereinafter, means the latest edition of the Pharmaceutical Syllabus, prepared and published by the National Pharmaceutical Syllabus Committee representing the American Pharmaceutical Association, the American Association of Colleges of Pharmacy, and the National Association of Board of Pharmacy.

5. *Charters' Report.*—"Charters' Report," as used hereinafter, means Basic Material for a Pharmaceutical Curriculum, which is the title of a functional study of pharmacy published by the McGraw Hill Book Co., Inc., of New York, N. Y., 1927.

*Application for Accreditation.*

The application of a college of pharmacy for accreditation must have the approval of the State university, or of the State department of education, or of the State pharmaceutical association of the State in which the college is located and must be filed with the secretary of the council. A copy of the current edition of the college catalog must be filed with the application. Printed application forms will be supplied by the secretary of the council.

*Minimum Requirements for Accreditation of Colleges of Pharmacy.*

I. *Minimum Length of Period of Operation.*—1. The college must have functioned as a teaching institution for a sufficient length of time to have its full curriculum in operation prior to the date of making application for accreditation.

II. *Finances.*—1. The financial status of the college will be judged in relation to its educational program.

Among the factors to be considered in determining the adequacy of financial support are: (a) expenditures per student for educational purposes; (b) the stability of financing as indicated by the amount of income per student from stable sources other than student fees; (c) financial investment in plant and equipment; (d) the avoidance of burdensome indebtedness; (e) procedures used in financial accounting and reporting.

2. It is desirable that the income of the college should be derived from stable sources in addition to student fees, i. e., permanent endowments, gifts, State appropriations, etc. Endowments, gifts, etc., accepted, including those made for the purpose of establishing scholarships and fellowships, should be free from restrictions which may curtail full freedom of development of sound educational policies with particular regard to administration, curricula, and scholarship standards.

3. A college budget of receipts and expenditures shall be prepared annually, and shall be open to inspection by the members of the council and its authorized representatives.

III. *Organization and administrative policy.*—1. No college shall be accredited which is conducted for profit, either to individuals or to a corporation, whether in the form of unduly large salaries, or rentals, etc., or a profit for direct distribution.

2. (a) The college must be headed by a dean or other executive officer to whom full authority is delegated by the regents, trustees, or directors in order that responsibility for the proper operation of the college may be definitely placed.

(b) The foregoing [2 (a)] shall be interpreted to include responsibility for the character, organization, and administration of courses for graduate as well as undergraduate students; except in the case of universities in which there has been established a special organization for the management of graduate work. In the latter case, the special organization, insofar as it pertains to the graduate work in pharmacy, should function with the consultation and cooperation of the dean of the college of pharmacy.



3. (a) The voting faculty shall hold stated meetings, at which the dean and members may confer on matters pertaining to the operation of the college and the promotion of its interests. If the college is an integral part of a university, regularly conducted meetings of the university faculty will be accepted as meeting this requirement in part, provided the members of professorial rank in the college of pharmacy are voting members of the university faculty.

(b) Minutes of the meetings showing the subjects considered and any votes thereon shall be kept.

4. The college shall have in operation an adequate system of keeping records of students. To be adequate, a system must give full and accurate information on the educational record of a student previous to entrance to the college, and on the record made by the student during the entire period of his attendance at the college, including grades, conditions, failures, suspensions, dismissals, expulsions, disciplinary action, etc. When a transcript of a student's record is issued to another college, it shall be complete, including entrance qualifications and a record of any disciplinary action that has not been satisfied. If the college is a part of a university, the keeping of records and issuing of transcripts may be done in the general office provided by the university for that purpose.

5. (a) The college shall publish annually a catalog or announcement in which the college calendar, members of the teaching staff, requirements for the degrees offered, names and descriptions of courses, together with the names of the members of the teaching staff responsible for each course are clearly stated. The number of clock hours of class and laboratory work devoted to each course shall be clearly set forth, together with the semester or term credit accorded each.

(b) The "semester hour" shall be interpreted as representing one period of not less than 50 minutes of classroom work (lecture or recitation) per week for 1 semester. Three hours devoted wholly to laboratory work, or 2 hours of laboratory work with 1 hour of correlated reference or written work, shall be considered the minimum equivalent of 1 hour of classroom work. A "quarter hour" shall be taken as the equivalent of two-thirds of a "semester hour."

IV. *Faculty and teaching staff.*—1. The college must possess a faculty which, in the judgment of the council, is adequate in number and the members of which are qualified by education and training to properly carry on the work of the college.

2. (a) The college must have on its staff at least one full-time teacher of professorial rank for each of the following subjects: (1) Pharmacy; (2) pharmaceutical chemistry, (3) materia medica (pharmacognosy or pharmacology), and as many additional full-time and part-time teachers as may be necessary to carry on the work of the curriculum in a satisfactory manner.

(b) A full-time professor is interpreted as meaning a person of professorial rank who devotes at least 10 half-days per week throughout the college year to teaching and associated duties or research.

(c) A part-time teacher is interpreted as meaning one who devotes the required hours for teaching in his particular subject or subjects and, in addition, is available for consultation by students or for other work when needed.

3. (a) In determining the competence of a faculty, consideration will be given to the kind and amount of education that the individual members have received, to their experience in educational and professional work, and to scholarship as evidenced by scientific or scholarly publications, membership in and contacts with professional and learned societies.

(b) Teachers of professorial rank shall have completed at least 2 years of study in their respective fields of teaching in a recognized graduate school, or an equivalent amount of technical or professional training or experience. Heads of departments and the dean shall have completed at least 3 years of such study or an equivalent amount of technical or professional training. In addition they shall have had successful teaching and administrative experience.

(c) Teachers of the rank of instructor shall have completed at least 1 year of study in a recognized graduate school or an equivalent amount of technical or professional training or experience.

(d) Assistants shall have as a minimum the training represented by the bachelor's degree.

(e) At least one-half of the faculty teaching the professional and applied subjects shall have qualified as registered pharmacists. As a general rule, all teachers under the chair of pharmacy shall have qualified as registered pharmacists.

V. *Teaching load and size of classes.*—1. As a general rule, teaching schedules must not exceed 16 hours per week per teacher, and the number of students in a class (exclusive of lectures) must not exceed 30. Not more than 2 clock-hours of laboratory work shall be taken as the equivalent of 1 clock-hour of didactic instruction.

VI. *Minimum admission requirements.*—1. A college shall require for admission the satisfactory completion of a 4-year course of not less than 15 units in a secondary school approved by a recognized accrediting agency; or a qualifying certificate for college entrance issued by the State university, or State department of education, or other State department authorized to issue such certificates.

2. Students who are candidates for degrees shall not be admitted to courses leading to such degrees later than 3 weeks after the beginning of a session.

3. A student desiring to transfer from one college to another shall be required to furnish a transcript of his record and, unless an exception is made, a certificate of honorable dismissal from the college he is leaving. Exceptions to the honorable dismissal requirement should be rare and should be made only with the consent and upon the recommendation of the dean of the college from which the student is transferring.

4. The entrance credentials or a certified copy thereof, of each student enrolled must be kept on file in the office of the college or in the general offices of the university, and be open to inspection by the council and its authorized representatives.

5. Each year, before April 1, the college shall prepare a complete list of all students enrolled who have not been previously reported, including the names of those who have withdrawn prior to the compilation of the list and indicating the fact of their withdrawal. A brief statement of the entrance qualifications of each student shall be given. Such list shall be certified by the proper officer of the college or university, seal attached, and sent to the secretary of the council.

VII. *Admission to advanced standing.*—1. Students transferring from a college of pharmacy accredited by the council may be admitted to advanced standing without examination and be given credit for that portion of the work of the first 3 years of the pharmacy curriculum which they have completed.

2. Students transferring from an accredited nonpharmacy college may be admitted to advanced standing without examination and be given credit for the work completed in the general cultural or foundational subjects of the pharmacy curriculum.

3. No more than 1 year of credit in time shall be given to any student applying for advanced standing from any institution other than a college of pharmacy, unless such credit shall be for graduate work in applied subjects done in a recognized graduate school or other accredited educational institution.

4. In order that the training of the applicant for advanced standing may be the equivalent of that of the members of the class which he seeks to enter, he shall be required to take those courses, if any, which the class has completed but which he has not completed, and such courses shall be made prerequisites for the more advanced courses.

5. An applicant for advanced standing shall not be given more favorable classification than he would have received in the college from which he transfers.

VIII. *Curriculum and degrees.*—1. (a) The pharmacy curriculum shall comprise not less than 3,200 clock hours of instruction of which at least 1,300 hours shall consist of laboratory work. Such instruction shall be given within a period of not less than 4 full college years of at least 32 weeks each, exclusive of holidays and vacations, and shall be scheduled over a minimum of 5 days per week, in accordance with approved academic procedure. At least 2 months must elapse between each college year.

(b) A college may, with the approval of the council, be permitted to shorten this time provided additional work is done in a regularly organized summer session in an approved institution and provided further that all the required hours and courses have been completed.

2. The college shall include in its course of instruction oral lectures, recitations, and personal laboratory work.

3. (a) In general, the latest edition of the Pharmaceutical Syllabus (see 4 under Definitions) and the Charters' Report (see 5 under Definitions) shall be followed as guides in the organization of the pharmaceutical curriculum.

(b) Approximately 50 percent of the total number of hours in the curriculum shall be devoted to professional and applied subjects and the remainder to subjects of a foundational or cultural nature. The professional and applied subjects shall



include the pharmaceutical chemistries, all branches of pharmacy, and the closely allied scientific subjects such as pharmacognosy, pharmacology, drug analysis, and biological assaying. The natural and biological sciences, English, general economics, foreign languages, history, mathematics, psychology, etc., are classified as general, foundational, or cultural subjects.

4. Instruction in all of the subjects offered for the baccalaureate degree must be of collegiate level. That given in the general collegiate subjects must be of such scope and grade as to merit acceptance for credit in an accredited nonprofessional educational institution and the admission of pharmacy graduates to standard graduate schools as candidates for advanced degrees in pharmacy or closely allied fields of science.

5. A college may give credit for work done in absentia in extension courses for academic, nonprofessional subjects only, provided such work has been taken in a recognized college or university which is a member of the Association of American Universities, or in one which is recognized by a regional agency approved by the Association of American Universities, and the credits of which are accepted for the baccalaureate degree by the State department of education in the State in which it is located. No undergraduate credit shall be given for work in pharmacy taken as an extension course, by correspondence or in any other way than in residence.

6. (a) The degree of Bachelor of Science (B.S.) or Bachelor of Science in Pharmacy (B.S. in Phar.) and those degrees only, may be given for the completion of the 4-year course of not less than 3,200 hours. It is understood that these degrees are awarded for work of collegiate standard.

(b) The degrees of Master of Science (M.S.), Master of Science in Pharmacy (M.S. in Phar.), Doctor of Philosophy (Ph.D.), or Doctor of Science (D.Sc.), may be given for work done in course, provided the requirements of standard graduate schools are fully met. Graduate work in pharmacy shall be interpreted as meaning work done after the completion of the requirements for the Bachelor of Science in Pharmacy degree. Graduate credit may not be given for under graduate courses in the subjects in which the candidate for a higher degree is doing his major work.

(c) Before being awarded a degree, every candidate must be adjudged by the combined faculty as having made a satisfactory record in the courses offered for graduation and to be a person suitably equipped, morally and otherwise, for the profession he is about to enter.

7. Each year within 30 days after spring commencement, the college shall send to the secretary of the council the names and addresses of all persons on whom degrees have been conferred during the year together with the degree awarded in each instance, including honorary degrees.

IX. *Attendance, promotion and graduation.*—1. It is recognized that rules governing attendance, promotion and graduation are usually developed from the individual experience of the colleges, hence absolute uniformity in this regard is not to be expected. The council holds, however, that general uniformity is desirable, particularly with regard to the rules for promotion and graduation, so that a sound basis may be established for the prompt elimination from the colleges of those students who have intellectual, moral or other deficiencies which render them unfit for the practice of pharmacy.

X. *Equipment and teaching facilities.*—1. The college shall possess or have unrestricted teaching privileges in classrooms and laboratories adequate in number and size to accommodate in a satisfactory way the classes or sections of classes of the size usual to the college.

2. The classrooms shall be properly lighted, heated, and ventilated, and shall be furnished with the usual equipment necessary for lectures and recitation work.

3. The laboratories shall be furnished and equipped for the particular purpose or purposes they are intended to serve, and there should be sufficient equipment and apparatus in each to permit students to work individually on all of the experimental work of the courses taught therein. Taken altogether, there should be sufficient apparatus and equipment to properly carry on all of the experimental work of the scientific and professional courses announced in the annual catalog. Such apparatus and equipment should be replaced or increased as needed from annual appropriations made specifically therefor.

4. (a) The college shall have a well selected library of not less than 2,500 volumes (standard reference books, textbooks, and periodicals) in addition to duplicates and public documents, bearing specifically upon the subjects taught. Approximately 1,500 of these volumes should pertain specifically to the professional and applied subjects of the pharmaceutical curriculum.

(b) The library shall be cataloged and should be administered by a professionally trained librarian. It should be housed in quarters adequate in size to provide a reading room large enough to accommodate at least 15 percent of the student body at one time, and be open to students not less than 7 hours per college day.

(c) In institutions of which the college of pharmacy is an integral part, the general library of the institution will be considered as meeting this requirement, provided it contains the number and kind of books, periodicals, and other publications set forth above.

(d) A sum adequate for the upkeep and growth of the library should be spent annually in addition to that expended for maintenance.

XI. *Extracurricular activities.*—1. An important requirement for accreditation is that a college of pharmacy foster and supervise desirable extracurricular activities. Membership in national and State associations for the advancement of pharmaceutical education, the organization of a student branch of the American Pharmaceutical Association or of the pharmaceutical association of the State in which the college is located, the exercise of supervision over fraternities, entertainments, athletics, etc., will be considered in determining whether the council's requirement in this regard is being satisfactorily met.

XII. *General comment.*—1. The educational policy of the administration, the thoroughness of scholarship, the presence of the scientific spirit, the soundness and inspiration of instruction, the quality of publicity indulged in, conservatism in awarding honorary degrees—indeed, the general tone of the institution, including students as well as faculty—are important items for which definite standards can hardly be established, but to which the council will give consideration in arriving at its final decision with respect to the acceptability of a college of pharmacy for accreditation.

The CHAIRMAN. Doctor, your statement prompts me to ask you a few questions.

The bill proposes to set up a separate corps in the United States Army known as the Pharmacist Corps. Now, the committee no doubt would like to know whether or not the services as presently handled in the armed forces is sufficient, and what it is, and also whether or not there are enough pharmacists in the country to not only furnish the services to the armed forces but to take care of civilian life at home while they are gone; what the situation will be there?

Dr. NEWTON. In the interests of the accuracy of statistics, my field is particularly, as I mentioned, the field of education of these. Studies have been made of the very questions for which you wish answers, and I would like to refer you, if you wish, for accuracy, to the chairman of this committee on which I am, Dr. Kendig, if that is satisfactory to you.

The CHAIRMAN. Do you present a statement containing those figures?

Dr. NEWTON. I do not, but Dr. Kendig does.

The CHAIRMAN. All right, sir. Is there any intimation by the pharmacists' organizations and the different associations which you represent that the Army is not giving adequate service and proper service in the handling of drugs and the dispensing of them in the military service?

Dr. NEWTON. There again, Mr. Chairman, I think that that particular phase of the subject will be brought out in prepared statements by other witnesses.

The CHAIRMAN. All right, sir. Now, one other thing: I believe it was stated here by one of the witnesses that there were about eighty-thousand-some pharmacists.

Dr. KENDIG. 82,000.

The CHAIRMAN. Registered pharmacists in the country. It is the idea of your group that if they are inducted as a special corps in the Army of the United States they will furnish professional educated



service to the armed forces and relieve others who perhaps do not have that training. Is that the idea?

Dr. NEWTON. I think so.

The CHAIRMAN. Well, do you know whether or not the Army is actually using people in compounding and dispensing of drugs to sick people that are not qualified as pharmacists to do it?

Dr. NEWTON. There again, that information I think, as a matter of record—I do not have the supporting evidence, but I am sure it will be brought out.

The CHAIRMAN. Thank you very much.

Mr. JOHNSON. In the large hospitals in the big cities, do they have a separate pharmaceutical department to handle these things that you want your corps to handle in the Army?

Dr. NEWTON. Hospital pharmacy is an important phase in the practice of pharmacy.

Mr. JOHNSON. Who is that headed by, a doctor or just a pharmacist?

Dr. NEWTON. Do you mean in military hospitals?

Mr. JOHNSON. No; I mean in civilian hospitals.

Dr. NEWTON. In civilian hospitals, a pharmacist. They are usually members of the staff.

Mr. JOHNSON. But they work under the direction of some doctor, do they?

Dr. NEWTON. No; not insofar, you mean, as their authority.

Mr. JOHNSON. What I want to know, is the thing you are asking for the Army to do the same thing they do in a well-managed large hospital?

Dr. NEWTON. Yes, sir.

Mr. SPARKMAN. Doctor, how many States require the college training such as you have described in order to qualify for the practice of pharmacy?

Dr. NEWTON. I think that 46 States do; that is my opinion.

Mr. SPARKMAN. A good many of those are rather recent, aren't they?

Dr. NEWTON. I think not.

Mr. SPARKMAN. Aren't a great many of our practicing pharmacists today persons who have not had the 3-year college course?

Dr. NEWTON. I couldn't say the exact number. The situation is this, Congressman: As in all the professions, the older practitioners have not, of course, fulfilled the curriculum of the modern, newly-made practitioner. That is bound to be true.

Mr. SPARKMAN. When I was home during the past fall I talked to a good many pharmacists and I was rather surprised to see relatively young men practicing pharmacy who had had no college training in pharmacy. It may be that my State is one of those. I think it does require it now.

Dr. NEWTON. That may possibly be.

Mr. SPARKMAN. Alabama.

Dr. NEWTON. This is a matter of gradual development, and without doubt there are, as you say, but I don't think that situation is general.

Mr. SPARKMAN. Do you believe that if a corps is set up these persons who have been qualified as pharmacists in the past and have been admitted to the practice of pharmacy regularly under the laws of their respective States should be denied the privilege of serving in the corps?

Dr. NEWTON. If they are registered pharmacists I have no reason to express an opinion on that.

Mr. SPARKMAN. Of course, under the bill as it is now drawn a person would not be eligible even though he should be a registered pharmacist unless he had the 3 years of college training, or 4—the required college training.

Dr. NEWTON. May I state this, as I brought out in my testimony. This curriculum is a result of very careful study of the needs of the profession. It is not something put together haphazardly, and I think it is backed by objective evidence that such a curriculum prepares for this very definite service the modern practice of pharmacy.

Mr. SPARKMAN. I agree with you in that, but I am just wondering if we should discriminate against regularly registered pharmacists who have become registered when the requirements were lower than they now are.

That is all I have.

The CHAIRMAN. Thank you very much.

Mr. SHERIDAN. Dr. Newton, I think you stated that some States now require one year of supervised training after graduation from a recognized school before admission to licensing.

Dr. NEWTON. Not necessarily after, but it may be concurrent or after.

Mr. SHERIDAN. How many require it after?

Dr. NEWTON. I will have to qualify my statement by saying I am not absolutely sure of the exact number, but at least one that I know of.

Mr. SHERIDAN. Only one?

Dr. NEWTON. I would not want to say that it is only one.

Mr. SHERIDAN. How many require 1 year of supervised training before examination granting licensing or taking State board examination?

Dr. NEWTON. Nearly all of those.

Mr. SHERIDAN. How many?

Dr. NEWTON. We have 46 States.

Mr. SHERIDAN. Would you say at least 40?

Dr. NEWTON. I would say so.

Mr. SHERIDAN. Are you sure of that?

Dr. NEWTON. I haven't the basic statistics, but that would be my opinion.

Mr. SHERIDAN. How many States require a 4-year training as a prerequisite to taking the State board?

Dr. NEWTON. I believe 46.

Mr. SHERIDAN. You are not sure?

Dr. NEWTON. On the matter of figures, and in the present situation, I will state 46.

Mr. SHERIDAN. Is there somebody here that can answer that?

Dr. NEWTON. I think there is.

Dr. KENDIG. Forty-six.

Mr. SHERIDAN. Forty-six require a 4-year term?

Dr. KENDIG. Yes. We will file statistics on that.

Mr. HARNES. What are the two states that don't require 4 years?

Dr. KENDIG. Vermont is one, and Utah.

The CHAIRMAN. Representative Harve Tibbott, Twenty-seventh Pennsylvania District.



**STATEMENT BY THE HONORABLE HARVE TIBBOTT, MEMBER OF  
CONGRESS FROM PENNSYLVANIA**

Mr. TIBBOTT. Mr. Chairman and members of the committee, it is my desire to give my wholehearted support to the Pharmacy Corps bill, H. R. 997, a bill to amend certain provisions of the National Defense Act of June 30, 1916, as amended, relating to the Medical Department of the Regular Army.

(The following statement was submitted by Mr. Tibbott:)

STATEMENT OF HON. HARVE TIBBOTT, MEMBER OF CONGRESS, TWENTY-SEVENTH DISTRICT, PENNSYLVANIA

Mr. CHAIRMAN. Committee on Military Affairs, House of Representatives, it is my desire to give my wholehearted support to the Pharmacy Corps bill, H. R. 997, a bill to amend certain provisions of the National Defense Act of June 3, 1916 as amended, relating to the Medical Department of the Regular Army.

The establishing of a Pharmacy corps in the Regular Army will place this profession in a comparable status with medicine and dentistry and will insure safety in the dispensing and compounding of drugs for which only pharmacists are duly qualified.

I believe you will agree with me that every enlisted soldier and every inductee, who is fighting for the preservation of our country and for its institutions, is at least entitled to the same protection of health as he is privileged to have in civilian life. The soldier is not afforded the proper protection today in the compounding and dispensing of medicines. It is a known fact that in some cases the Army permits drugs and medicines to be compounded by enlisted men who have never had any pharmaceutical training, but after a 90-day or less instruction course are performing pharmaceutical tasks.

Under the impact of war necessity the tendency to resist change is being welcomed in other branches of the armed service, but soldiers are still being given medicines compounded by inexperienced 3-month trainees. This may have been considered sufficient preparation in former years, but the treatment of disease today requires the use of many compounds that only those that can meet the high requirements of educational training and experience, should be entrusted with this responsibility.

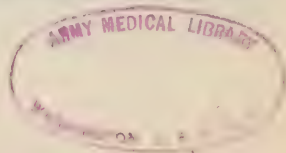
During the past 25 years education in pharmacy has been elevated from the standards of the trades to the standards of the professions and there has emerged a program of thorough training in basic arts and sciences. The knowledge of drugs and medicines including the new biologicals, have so increased in recent years that 4 years are now required to complete a course in an accredited college of pharmacy. Graduates are also required to serve some years of internship. Civilians are now protected against medication compounded by inadequately trained pharmacists. Why should not those in the armed forces be given the same protection?

There are enough properly trained pharmacists in the service of our country today to insure the soldier the proper protection. We are indeed very proud of the great service rendered by the Medical Corps, the Dental Corps, the Nurses Corps, and the Veterinary Corps. By creating a pharmacy corps charged with the responsibility of the dispensing of medicines and biologicals to our armed forces, the modern treatment of diseases would be established instead of following a very ancient practice.

Trained pharmacists are entitled to the proper utilization of their professional service in the military forces and when they are officer material they should receive proper and dignified recognition. There are thousands of well-trained pharmacists in military and civilian life eager to devote their utmost, their special talents, and training that our fighting forces might be supplied with properly compounded drugs and medicines and give them the protection to which they are entitled.

Mr. TIBBOTT (continuing). It is also my privilege, gentlemen, to present a resolution adopted by the Cambria-Somerset Retail Drug-gists Association of Johnstown, Pa., and I also herewith present it.

NATIONAL LIBRARY OF MEDICINE  
BETHESDA 14, MD. —



(The following resolution was submitted by Mr. Tibbott:)

Cambria-Somerset  
RETAIL DRUGGISTS ASSOCIATION  
Johnstown, Pa.  
(Pharmaceutical Association)

RESOLUTION

Whereas the Pharmacy Corps bill S. 216; H. R. 997 is now pending in Congress, providing for the creation of a Pharmacy Corps in the United States Army, to be organized under graduate pharmacists skilled and learned in the compounding and dispensing of drugs and medicines; and

Whereas, in the treatment of disease and the care of the sick or injured, the services of skilled, reliable, and experienced graduate pharmacists are essential and such services are second only to the services of skilled physicians and surgeons; and

Whereas, it is the well-established public policy of the United States and of every State thereof to require all persons engaged in the compounding and dispensing of drugs and medicines to be graduate pharmacists; and

Whereas the health, safety, and preservation of life to every member of the armed forces of the United States is of primary and paramount importance for the safety of the Nation; and

Whereas members of the armed forces of the United States and especially those who are overseas at various fighting fronts are entitled to receive, and it is the policy and desire of the people of the United States to furnish to them, the best treatment and the most proficient services within the capacity of the people and especially the services of proficient and skillful graduate pharmacists to safeguard the health and lives of its fighting men; and

Whereas the compounding and dispensing of drugs and medicines is essentially a professional service requiring great skill, intimate knowledge and experience with drugs and medicines; Now, therefore, be it

*Resolved*, That the Cambria-Somerset Pharmaceutical Association unanimously endorse the Pharmacy Corps bill, S. 216; H. R. 997, and request the members of Congress to enact the same into law; and, be it further

*Resolved*, That the Secretary prepare and transmit copies of this resolution to the President and Vice President of the United States, to the Speaker of the House of Representatives of the Congress of the United States, to each Senator or Member of the House of Representatives from Pennsylvania in the Congress of the United States, and that the Senators and Representatives from Pennsylvania are hereby respectfully urged and requested to support the said Pharmacy Corps bill.

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(The Cambria-Somerset Retail Druggists Association adopted the following resolution at the regular monthly meeting held September 24, 1942, in Johnstown, Pa.):

To protect the health of the Nation, men and women who practice the profession of pharmacy in civil life are required by law to have a high standard of education and training.

It is hereby resolved by the Cambria-Somerset Retail Druggists Association that the same high standard should be observed in the ranks of the armed forces of the United States. It is understood by this association that after a short period of training, men from various walks of life are permitted to store, transport, compound, dispense, and otherwise handle potent drugs and medicinal preparations. It is only just and right that our fighters have the same protection as civilians. In order to safeguard the health and lives of the men in the armed forces, only men of training and experience should handle these potent drugs and medicinal preparations.

It is also resolved by this group that only graduate pharmacists should be employed for these duties in the service, and it is respectfully requested that our representatives in Congress support the Durham-Reynolds bill now before that body, which bill gives pharmacists proper recognition and creates a Pharmaceutical Corps in the Army as a separate unit.



In civil life, pharmacists are required by law to have completed a 4-year course embracing applied, practical, and theoretical pharmacy; materia medica, botany, organic chemistry, inorganic chemistry, pharmacognosy, bacteriology, and physiology. A 3-month period of training in the service therefore, could not possibly equip a man for this important work or safeguard the health and lives of our men in the service.

JAMES B. HERSHBERGER,  
*President.*

GRAFTON F. PORCH,  
*Secretary.*

The CHAIRMAN. Representative Ellis.

**STATEMENT BY THE HONORABLE HUBERT SUMMERS ELLIS,  
MEMBER OF CONGRESS FROM WEST VIRGINIA**

Mr. ELLIS. Mr. Chairman, it would be more or less superfluous for me to dwell at any length on this bill, in view of the statements that have been made. I come here as one who served 2 years in the Army, 20 months in France, and saw the Medical Corps in all of its phases, and as one who did his share of drug-store loafing in his early days, which has usually developed into a fine art in small towns.

I was interested in a question of the chairman about whether or not the drug division was being adequately handled in the Army. It more than likely is if it is in the hands of druggists, and the same thing could be applied to the other divisions of the Medical Department, whether or not they are recognized as a Corps or otherwise, so long as the men are qualified that are serving.

We have recognized the Medical Corps, the Dental Corps, Nurses, and Veterinarians. As has been stated here, these men are educated and training. My own State requires that they be a graduate of an accredited college, and it seems to me that these men should have deserved recognition, and it has been my experience that druggists are pretty good doctors. They render an excellent service when required or called upon to do so, and it is my prayer that this committee will see fit to act favorably upon this proposed legislation and give these men, these druggists, these pharmacists, deserved recognition.

The CHAIRMAN. Representative Ellis.

The CHAIRMAN. You represent the State of West Virginia?

Mr. ELLIS. Yes, sir.

The CHAIRMAN. From Huntington?

Mr. ELLIS. From Huntington; yes, sir.

The CHAIRMAN. Dr. Robert L. Swain.

**STATEMENT OF DR. ROBERT L. SWAIN, NATIONAL ASSOCIATION,  
BOARDS OF PHARMACY**

Dr. SWAIN. Mr. Chairman and gentlemen of the committee, I speak in behalf of the National Association of Boards of Pharmacy, and I would like to state that efforts have been made on the part of the States, going back even into colonial days, to regulate and supervise in the public interest the qualifications of those engaged in the distribution of drugs and medicines.

At the present time there are pharmacy laws on the statute books of each of the 48 States, and they are designed, of course, to surround the distribution of drugs and medicines and the practice of pharmacy

with those safeguards which the legislatures have thought necessary in matters of this kind, and while it would be possible to select points of difference in these various State acts they are more distinguished, however, by their uniformity so far as basic principles and objectives are concerned. In every State a board of pharmacy is provided, the members of which are appointed by the Governor of that State. The board has been given ample authority, either under the statute or through regulatory powers, to make effective the legislative intent.

These boards exercise both administrative and enforcement authority. They conduct examinations for admission to the profession and they cooperate very closely with pharmaceutical educators in an effort to provide and maintain adequate educational standards.

With the exception of one or two States—I think it is two—graduation from a college of pharmacy of requisite standing is prerequisite to examination and registration.

While in the majority of States enforcement of the State Pharmacy Act is vested in the board of pharmacy, in many instances the administration and application of pharmacy laws is carried on by the State departments of health. I might say that the tendency seems to be in this direction, the theory being that inasmuch as drugs and medicines play so vital a part in public health, all matters dealing with their public regulation should be incorporated within the public health program of the State.

Under all pharmacy laws the compounding of physicians' prescriptions, the sale of poisons, and the distribution of narcotics is rigidly limited to registered pharmacists. In many States the sale of all potent drug products and exempt narcotics is similarly restricted, and I think it quite apt to state that there seems to be a rather definite trend for more rigid laws in this direction.

Recognizing the great necessity of having pharmaceutical practice conform to high professional standards, several State legislatures, notably Maryland, Virginia, North Dakota, New York, New Jersey, New Hampshire, and others, have enacted laws directing the State Board of Pharmacy to designate the minimum of technical and professional equipment which all drug stores in the State must have on hand at all times.

While ordinarily it would be assumed that the pharmacist's own sense of professional responsibility would induce him to have all the necessary utensils for the practice of his profession, the State legislatures have looked upon the subject as of such importance as to require the possession of all necessary equipment as a matter of State law. I refer to this as another indication of the solicitude of legislative bodies for the public welfare in all matters involving pharmaceutical practice.

Another evidence of the importance from which State legislatures have viewed the subject is found in the fact that in many of the States, among those which are listed below, no pharmacy may be operated or conducted except under permit issued by the board of pharmacy.

In virtually every State in which such a provision is provided the board is granted certain discretionary powers and is required to issue a permit only when evidence satisfactory to it that the pharmacy will be operated in such a manner as to protect and safeguard the public health is received. I list here, Mr. Chairman, and gentlemen of the committee, the 28 States in which that provision is in effect.



In every State it is specifically provided that the pharmacy shall be at all times under the immediate personal supervision of a registered pharmacist. This requirement of the State laws is expressive of the legislature's solicitude for the public's safety, and is evidence that the practice of pharmacy and all questions associated with the total distribution of drugs and medicines are of such a character as to demand professional supervision at all times.

In order to render more effective the enforcement of pharmacy laws, the pharmacy law in 42 States requires the annual re-registration of pharmacists. Such a procedure has resulted in better pharmacy law observance and is now in effect in virtually all of the States.

A recent trend in pharmaceutical legislation is manifested in the so-called barbituric acid laws, and the distribution of these compounds is restricted to physicians' prescriptions or limited to a pharmacist himself in the following States, and I list here, Mr. Chairman, the 29 States in which that legislation is in effect.

In every State, legislation has been enacted which limits to pharmacists the retail distribution of poisons. Under these laws the poisons enumerated in the act, and necessarily embraced within the word "poison" itself may not be sold or distributed to the public except by registered pharmacists, and even then not until he has satisfied himself that the poison is to be used for legitimate purposes and that the purchaser is aware of the dangerous nature of the substance.

Under these laws, the responsibility for distributing poisons in a manner safe to the public has been entrusted to the pharmaceutical profession, as a pharmacist's scientific training and professional knowledge are essential to the public welfare when commodities of this kind are sought to be purchased by the public.

In this brief statement no attempt has been made to give an exhaustive analysis of the State pharmacy acts but rather to show that in all the 48 States laws have been passed in recognition of the public significance of drugs and medicines and the practice of pharmacy.

By way of summary, it may be said that each of the 48 States has prescribed the educational qualifications of pharmacists, have set up boards of pharmacy to determine the professional competency of all seeking to enter upon the practice of pharmacy, have demanded that physicians' prescriptions may be compounded by only a registered pharmacist, have limited the distribution of poisons, potent drugs and narcotics to pharmacists, and have provided that no drug store may be kept open to the public except under the personal and immediate supervision of a registered pharmacist.

Now, Mr. Chairman and gentlemen of the committee, if such safeguards have been found necessary for the protection of the civilian population, certainly no lesser degree of protection should be afforded to millions of men now in our armed forces.

The enactment of the Pharmacy Corps bill, as would be done under H. R. 997, would provide the machinery which would make pharmaceutical practice in the Army conform to the professional standards now in effect in the several States.

(The following statement was submitted by Dr. Swain:)

LEGAL SAFEGUARDS SURROUNDING THE PRACTICE OF PHARMACY IN THE SEVERAL STATES

(Paper presented by Dr. Robert L. Swain at the hearing of the Pharmacy Corps bill, held by the House Military Affairs Committee on Tuesday, March 2, 1943, in Washington, D. C.; presented on behalf of the National Association of Boards of Pharmacy.)

Drugs and medicines have always been looked upon as of special concern to the public welfare, and from early colonial days attempts were made at regulating their manufacture, sale, and distribution in the public interest. Statutes to this effect were in force during colonial days, and promptly after the Revolution State laws were enacted which were the forerunners of present-day legislation.

However, our present system of pharmacy laws first began to take definite shape in 1870, and within a relatively short period thereafter every State had passed laws under which the practice of pharmacy and the distribution of drugs and medicines were regulated.

Of course, these laws have been revised, amended, and brought up to date with the result that today adequate legal safeguards have been set up in each of the 48 States to protect the public welfare in all matters involving drugs and medicines, and the practice of pharmaceutical art.

While it would be possible to select points of difference in these various State acts, they are more distinguished, however, by their uniformity so far as basic principles and objectives are concerned. In every State a board of pharmacy is provided, the members of which are appointed by the Governor. The board is given ample authority either under the statute or through its regulatory powers to make effective the legislative intent. These boards exercise both administrative and enforcement authority. They conduct examinations for admission to the profession, and cooperate very closely with pharmaceutical educators in the State to provide and maintain adequate educational standards.

With the exception of one or two States, graduation from a college of pharmacy of recognized standing is prerequisite to registration.

Other speakers will discuss the present status of education, but my only purpose in referring to it here is to emphasize the point that the State legislatures have seen fit to require college of pharmacy graduation for all persons seeking to enter the practice of pharmacy within their borders.

While in the majority of States enforcement of the State Pharmacy Act is vested in the board of pharmacy, in many instances the administration and application of pharmacy laws is carried on by the State departments of health. I might say that the tendency seems to be in this latter direction, the theory being that inasmuch as drugs and medicines play so vital a place in public health that all matters dealing with their public regulation should be incorporated within the public-health program of the State.

Under all pharmacy laws, the compounding of physicians' prescriptions, the sale of poisons and the distribution of narcotics is rigidly limited to registered pharmacists. In the many States, the sale of all potent drug products and exempt narcotics is similarly restricted, and I think it quite accurate to state that there seems to be a rather definite trend in this direction.

Recognizing the great necessity of having pharmaceutical practice conform to high professional levels, several State legislatures, notably, Maryland, Virginia, North Dakota, New York, New Jersey, New Hampshire, and others, have enacted laws directing the State board of pharmacy to designate a minimum list of technical and professional equipment and apparatus which all drug stores in the State must have on hand at all times.

While ordinarily it would be assumed that the pharmacist's own sense of professional responsibility would induce him to have all the necessary utensils for the practice of his profession, the State legislatures have looked upon the subject as of such importance as to require the possession of all necessary equipment as a matter of State law.

Another evidence of the importance with which State legislatures have viewed the subject is found in the fact that in many of the States, among which are those listed below, no pharmacy may be operated or conducted except under permits issued by the board of pharmacy. In virtually every State in which such a



legal provision is in effect, the board is granted certain discretionary powers, and is required to issue the permit only upon evidence satisfactory to it that the store will be operated in such a manner as to protect and safeguard the public welfare.

Alabama.	Kansas.	New York.
Arizona.	Kentucky.	Oregon.
Arkansas.	Maryland.	Pennsylvania.
California.	Massachusetts.	South Dakota.
Colorado.	Minnesota.	Texas.
Connecticut.	Mississippi.	Vermont.
Delaware.	Montana.	Virginia.
District of Columbia.	New Hampshire.	West Virginia.
Florida.	New Jersey.	Wisconsin.
Indiana.		

In every State it is specifically provided that the pharmacy should be at all times under the immediate and personal supervision of a registered pharmacist. This requirement of the State laws is expressive of the legislature's solicitude for the public's safety, and is evidence that the practice of pharmacy and all questions associated with the total distribution of drugs and medicines are of such a character as to demand professional supervision at all times.

In order to render more effective the enforcement of pharmacy laws the pharmacy law in 42 States requires the annual reregistration of pharmacists. Such a procedure has resulted in better pharmacy-law observance, and is now in effect in virtually all of the States.

A recent trend in pharmaceutical legislation is manifested in the so-called barbituric-acid laws, and the distribution of these compounds is restricted to physicians' prescriptions or limited to drug stores in the following States:

Alabama.	Maryland.	Oregon.
Arkansas.	Minnesota.	Pennsylvania.
California.	Mississippi.	Rhode Island.
Colorado.	Nebraska.	South Carolina.
Connecticut.	Nevada.	Tennessee.
Delaware.	New Hampshire.	Vermont.
Florida.	New Jersey.	Virginia.
Georgia.	New York.	Washington.
Kansas.	North Carolina.	West Virginia.
Maine.	Oklahoma.	

In every State legislation has been enacted which limits to pharmacists the retail distribution of poisons. Under these laws, the poisons enumerated in the act, and necessarily embraced within the definition of the word "poison" may not be sold except by the registered pharmacist, and even then, not until he has satisfied himself that the poison is to be used for legitimate purposes, and that the purchaser is aware of the dangerous nature of the substance.

Under these laws the responsibility for distributing poisons in a manner safe to the public has been entrusted to the pharmaceutical profession, as the pharmacist's scientific training and professional knowledge are essential to the public welfare when commodities of this kind are sought to be purchased by the public.

In this brief statement no attempt has been made to give an exhaustive analysis of the State pharmacy acts, but rather to show that in all the 48 States, laws have been passed in recognition of the public significance of drugs and medicines and the practice of pharmacy.

By way of summary it may be said that the States have prescribed the educational qualifications of pharmacists, have set up boards of pharmacy to determine the professional competency of all seeking to enter upon the practice of pharmacy, have demanded that physicians' prescriptions may be compounded only by registered pharmacists, have limited the distribution of poisons, potent drugs, and narcotics to pharmacists, and have provided that no drug store may be kept open to the public except in the personal, immediate care of the pharmacist.

If such safeguards have been found necessary for the protection of the civilian population, certainly no lesser degrees of protection should be afforded the millions of men now in our armed forces.

The enactment of the Pharmacy Corps bill would provide the machinery which would make pharmaceutical practice in the Army conform to the professional standards now in effect in the several States.

Mr. THOMASON. Doctor, did you read the testimony of Brigadier General McAfee, assistant to the Surgeon General, in the hearings of last November?

Dr. SWAIN. Only in part.

Mr. THOMASON. I invite you to read that statement, as I assume it gives the viewpoint of the War Department. I think some of my questions would indicate at least a friendly interest in this bill, because I thought perhaps there had been some discrimination against your profession. I would now like to read from a sentence in the official report of the Secretary of War, which came back to this committee on this new bill, bearing date of February 9, in which the Secretary of War said this [reading]:

For the 1943 troop increment approximately 6,000 pharmacy technicians will be required. It is felt that in this respect pharmacy as a profession is in a more favorable position than any other technical and professional groups in their relation to the emergency. Further, the pharmacist, like all other selectees, is eligible to qualify for a commission on a competitive basis through an officer-candidate school, but should do so in the knowledge that if commissioned in the Medical Administrative Corps his qualifications in the science of pharmacy will not determine his assignment, but will be used concurrently while discharging those administrative and military duties that must be performed by an officer.

Of the 4,552 pharmacists now in the service, 497 will have received commissions by the end of January 1943.

Now, what is your reaction and your comment about that statement?

Dr. SWAIN. Well, the statement, Mr. Congressman, would require reply at length. The words "pharmacy technicians"—there are others in the room who probably should discuss this, but so long as I am on my feet I will give you my view of it.

The pharmacy technician, and you gentlemen will have to make the distinction, is not what we are talking about. In addition to that, and quite aside from what these pharmacists can give in the way of pharmaceutical service, these pharmacy technicians now have come into the service with 90 days of training. Now, let me emphasize this: In civil life no man may enter the practice of pharmacy until after he has had 4 years of university training in the various basic and applied sciences upon which public health depends. These pharmacy technicians have had 90 days, if you gentlemen please, of training.

Mr. THOMASON. But after all, Doctor, the heart of this bill, as I understand it, is that you haven't been treated exactly fair, or that you have been discriminated against in that the members of your profession do not have the same opportunities to obtain commissions as others in the professional group. Now then, the Secretary of War says that you do have the same opportunity, and probably are in a more favorable position than most, and that in addition to that, 497 members of your profession will get commissions this year, so that draws the issue pretty sharply, and I think that we had just as well meet it.

Dr. SWAIN. I think so far as the pharmacy profession is concerned, Mr. Congressman, the granting of commissions is of secondary importance. Of course we feel that if we do render this type of professional service, which is, after all, based on whatever we know, that work should be recognized as a profession of commission grade. We are asking you to place pharmaceutical service in the United States Army on a safe, reliable basis, and we contend that condition does not exist today.



The CHAIRMAN. In other words, what you mean is that there are many dangerous poisons administered in the Army and it ought to be administered by somebody who knows what it is and the danger of it.

Dr. SWAIN. Let me make you this statement, and I can't give you the proof but others can. We have every reason to believe that there are men engaged in the United States Army today who are passing out drugs and medicines to soldiers without the slightest educational qualification for that job, and that is what we want to break up. The commissions, as the Congressman said, are involved, but it is secondary. We think the man who dons the uniform is entitled to every protection so far as public health is concerned that he has in civil life.

Mr. DURHAM. This bill applies only to the United States Army, not to the Army of the United States, as you can get from reading the report there. He is talking about the Army of the United States.

Mr. ELSTON. In other words, this is permanent legislation.

Mr. DURHAM. Permanent legislation.

Mr. THOMASON. I think that opens up a new field that requires a little explanation.

Mr. DURHAM. If the gentleman will read section 10 of the National Defense Act—

Mr. THOMAS. I would like to ask the gentleman a question. Doesn't the gentleman think that if it does apply to the United States Army that it should likewise apply to the Army of the United States in time of war?

Mr. DURHAM. In time of war it does.

Mr. SPARKMAN. Anything that applies to the United States Army would apply to the Army of the United States in time of war. Will the gentleman yield to me on that?

Mr. THOMASON. I yield the floor.

Mr. SPARKMAN. Mr. Thomason brought out something there in the statement of General McAfee with reference to the opportunity given pharmacists to go through the Officers' Candidate School. Now, as a matter of fact, doctors, are not required to go through the Officers' Candidate School, are they?

Dr. SWAIN. No, sir.

Mr. SPARKMAN. Lawyers commissioned in the J. G. are not required?

Dr. SWAIN. No.

Mr. SPARKMAN. Veterinarians are not and dentists are not, and your plea is that pharmacists should be recognized along with these other professional lines.

Dr. SWAIN. And yet I think we can say this, Mr. Congressman. We are willing to assume any burden that the Army might place upon us which would make us better officer material at the same time, but make us better qualified to render the service which we want to render.

Mr. SPARKMAN. If you are put in you want to be recognized as a professionally trained group of men. As a matter of fact any person, without any special training in any special line, could be commissioned in an Officers' Candidate School, but you want to be used to handle drugs, the thing in which you are trained.

Dr. SWAIN. Just to be sure they are handled safely.

Mr. SPARKMAN. Yes.

Mr. ELSTON. While I am fully in sympathy with the idea that the men in the service should have the best possible service, wouldn't it be possible, now, to commission a pharmacist directly from civil life, the same as they do a lawyer or a doctor or a dentist?

Mr. DURHAM. No; it would not.

Mr. SPARKMAN. They don't do it.

Mr. ELSTON. They don't, but they could do it.

The CHAIRMAN. They can, but they are not.

Mr. ELSTON. Would this bill compel them to do it? This bill only provides for permanent legislation. It provides for the commissioning of pharmacists in the United States Army.

Mr. DURHAM. Only 72.

Mr. ELSTON. Up to 72. Since there is that limitation, only up to 72. How is that going to provide for the hundreds and hundreds of pharmacists that are needed in the Army at the present time?

Dr. SWAIN. Well, Mr. Congressman, I think here is what we are concerned about. We want you to look upon pharmacy as one of the medical specialties, but as one of the medical specialties for which 4 years of university training is required. Now, it is a specialized function. It cannot, with all due regard to the opinion of those who contend to the contrary, if you will look into it you will find a man is not competent to meet all the various questions which arise in the compounding and dispensing of drugs and medicine unless he has university training. Forty-eight States afford all the evidence you need on that score. What we are asking is that you recognize this as one of the medical specialties for which highly specialized training is required, set up this Pharmacy Corps, give us the responsibility of seeing to it that the proper drugs and medicine are purchased, that they are distributed adequately where they are needed, and that they are dispensed to the patient by people who know what they are doing. That is all we are asking.

Mr. ELSTON. I understand that, all right, but the point I am making is this: You don't have to have this legislation to get pharmacists into the Army today and to commission them directly from civil life.

Dr. SWAIN. No; but you do have to have this legislation to set up this special corps to perform these functions.

Mr. ELSTON. After the war? You don't need it during the war.

The CHAIRMAN. I think maybe I can help the witness out by suggesting that it is possible that if a corps is set up in the Army, that corps can then expand and build as they need it, just like the Medical Corps has expanded.

Dr. SWAIN. Certainly.

The CHAIRMAN. They start out with 72. Now, if there is anybody on this committee that doesn't know, he ought to find out that the War Department is largely influenced in the direction of their medical men by the American Medical Association.

Mr. ELSTON. They couldn't expand beyond 72. Mr. Chairman, unless they came to this committee and asked for additional legislation.

The CHAIRMAN. I know, but if they set up this corps and prove they are an effective, live organization, they can expand.

Mr. THOMAS. Do you think a corps of 72 can prove very much?

The CHAIRMAN. Yes. I can take the 72—

Mr. THOMAS. I am in favor of taking the 72 out or in having a much larger number.



The CHAIRMAN. That is neither here nor there.

Mr. ELSTON. I am not opposed to the bill. As a matter of fact, I am inclined to favor it, but the point I am making, I don't see why the passage of this bill will help particularly during this emergency to obtain competent pharmacists for our armed forces.

Dr. SWAIN. I don't know; so far as getting them into the service is concerned, I am not going to contend with you on that. But you have to correct a situation that obtains under the existing order in the Army, and we know that is not satisfactory. We know it isn't satisfactory. I think we can assure you gentlemen it isn't satisfactory.

Now, then, it seems to me your question is answered by that fact. If unsatisfactory conditions prevail under the existing system, then the matter of whether or not a pharmacist is inducted into the service, whether he can be inducted or not, has no bearing. What is happening, a great many of these pharmacists are brought into the service and are not assigned to pharmaceutical duties. We find them doing everything except what they are qualified to do. If this corps was in existence, this corps would know where these men were and would assign pharmacists to pharmaceutical duties. You are just as liable to find them in the kitchen, in the livery stable, or what not. They are not all doing pharmaceutical work.

This whole pharmaceutical picture needs to be studied, resurveyed, and put in the hands of people who know how to utilize their services.

Mr. SPARKMAN. Will the gentlemen yield to me? I think I can answer the gentleman's question.

If this corps is set up as a part of the United States Army, it becomes permanent legislation. Then Public 139 of the Seventy-seventh Congress would have effect on it during wartime, and would remove any limitation during a time we are at war, because the effect of that law was to remove limitations on officer and enlisted personnel of any of the branches of the Army.

Mr. HARNESS. Will the gentleman yield to me?

If this bill is enacted, it limits the officer personnel to 72, but does it limit the number of men in the corps who may be noncommissioned officers and have the same training?

Dr. SWAIN. I don't think it does.

Mr. HARNESS. Is that true, do you think, under the proposed legislation?

Dr. SWAIN. I think these 72 men, presumably, would be commissioned officers, and certainly they would be in position to utilize the noncommissioned pharmacists for pharmaceutical duties.

Mr. HARNESS. It isn't the purpose of this legislation to commission as officers every single man who is a registered pharmacist?

Dr. SWAIN. At the present time the limitation is 72.

Mr. HARNESS. I was interested in the observation the gentleman from Alabama made about Public 139. That would permit them to expand the officer personnel to any limit.

Mr. SPARKMAN. That is true with any branch of the service today. There are no limitations on any branches of the Army today.

Mr. HARNESS. Then is it the theory or idea of your association that every man who has the qualified education and background as a pharmacist shall be commissioned?

Dr. SWAIN. No. The bill as now written limits it to 72 men.

Mr. HARNESS. Then the Pharmacist Corps that is proposed in this bill would consist of not only commissioned officers but of enlisted and non-commissioned-officer personnel?

Dr. SWAIN. As I understand it, it would consist of these 72 men and as many other pharmacists of noncommissioned grade necessary to render adequate pharmaceutical conditions.

Mr. ELSTON. But you would expect the pharmacist, if this bill was passed, to be commissioned the same as a doctor is commissioned.

Dr. SWAIN. I don't think so. We would expect him to be assigned to pharmaceutical duties just so long as there is need for a pharmacist.

Mr. ELSTON. Of course, they could do that now.

Dr. SWAIN. They could, but they don't.

Mr. ELSTON. I have no more questions.

The CHAIRMAN. Thank you very much, Doctor.

Mr. JOHNSON. I want to ask a question along the line you commented on, Mr. Chairman. Has the American Medical Association taken any view on this, any stand on this bill?

Dr. SWAIN. So far as I know, they have not.

The CHAIRMAN. You may have misunderstood my remark. I said they were largely considered by the Surgeon General as a proper source, is what I meant to say.

Mr. JOHNSON. I understand the Surgeon General opposed the bill.

The CHAIRMAN. Oh, yes. The Surgeon General wrote this report, of course, for the Secretary of War.

Mr. JOHNSON. I wonder if the American Medical Association has taken any formal action.

Dr. SWAIN. If so, I know nothing about it.

Mr. FENTON. Doctor, then the main thought of this legislation would be, the Pharmacy Corps would take its rightful place in the Surgeon General's office, so that they could be considered in directing the policies of the Pharmacy Corps as administered by the Surgeon General. In other words, in all problems relating to pharmacy they would sit on the staff of the Surgeon General and help formulate the policy regarding drugs administered in the United States Army.

Dr. SWAIN. I think there is no doubt at all but what it would have that effect.

Mr. FENTON. You think, then, that they should be recognized the same as doctors, nurses, veterinarians, and so forth, on the Surgeon General's staff?

Dr. SWAIN. Based on the nature of that work and their qualifications for that work, yes, sir.

Mr. FENTON. And as that progressed the personnel of the Pharmacy Corps would gradually be advanced.

Dr. SWAIN. Yes, sir.

Mr. HARNESS. This applies only to the Army, of course. But what is the situation in the Navy? They have what are known as pharmacist's mates.

Dr. SWAIN. Yes. I don't feel competent to discuss the naval situation with you, except to say this, that by and large the pharmaceutical service in the Navy is handled on a much more satisfactory scale. It is much more satisfactory from all points of view. It is not



entirely satisfactory, but it is levels and levels above that in the Army at the present time.

Mr. HARNESS. Some of your members, pharmacists, have been taken into the Navy from civilian life as pharmacist's mates.

Dr. SWAIN. Yes.

Mr. HARNESS. Haven't they?

Dr. SWAIN. Yes.

Mr. HARNESS. Have they commissioned any of them in the Navy?

Dr. SWAIN. Dr. Kelly, secretary of the American Pharmaceutical Association, is better qualified to discuss that phase.

Mr. HARNESS. Could you answer that question? Have they commissioned any of these men in the Navy? Does the Navy commission pharmacists?

#### TESTIMONY OF DR. E. F. KELLY, SECRETARY, AMERICAN PHARMACEUTICAL ASSOCIATION

Dr. KELLY. Some of them are commissioned, yes, for the duration. There is no permanent arrangement for commissioning in the Navy at this time.

Mr. HARNESS. Do they have such an arrangement in the Navy as this bill proposes for the Army?

Dr. KELLY. No, sir.

Mr. MERRITT. Are they commissioned as pharmacists?

Dr. KELLY. They are given the rank of ensign, lieutenant (junior grade), and full lieutenant; no distinction as pharmacist.

Mr. SPARKMAN. Are they commissioned in the Medical Corps of the Navy?

Dr. KELLY. They are commissioned and assigned to the Hospital Corps.

The CHAIRMAN. Merely commissioned and assigned to the Hospital Corps for the duration.

Mr. DURHAM. While Dr. Kelly was on the stand I wanted to ask him one question. Dr. Kelly, the question I wanted you to answer is this: There has been some misunderstanding, I think, with regard to what would happen to the Medical Administrative Corps under this bill. I wish you would explain that to the committee, if you care to.

Dr. KELLY. Mr. Chairman, following the last war the Medical Administrative Corps was organized in the Army to provide an opportunity for commissioning men who had served in the Army in different capacities, particularly as administrative officers. In 1936, on the initiative of the Medical Department, this bill was modified to require that only pharmacists could be commissioned in it from that time on, and the number was limited to 16 at that time, because that was the only number of vacancies available. Later, in 1939, the Medical Administrative Corps was reduced to that number of officers; that is, 16 who were pharmacists only, and this bill simply provides that the name of that corps be changed to the Pharmacy Corps, and the number increased to 72.

The CHAIRMAN. From 16 to 72?

Mr. KELLY. Yes; from 16 to 72.

Now, I think it would follow that if this corps were enacted, then pharmacists could be commissioned, if it were desired to commission them and they were needed in that capacity, in the Army of the United States for the duration, as is being done now, the Surgeon General said, but you will have to remember that those men the Surgeon General referred to as being commissioned, or the Secretary of War, are only commissioned for the duration.

The CHAIRMAN. Thank you very much.

Dr. KELLY. This provision is to have a permanent organization to administer the pharmaceutical service in time of peace, and to be expanded in accordance with the terms of the act that Mr. Sparkman referred to, in time of war. That would not necessarily mean that every pharmacist would be commissioned, but that number that would be required for effective service for the duration.

The CHAIRMAN. Representative Kunkel, of Pennsylvania.

#### STATEMENT OF THE HONORABLE JOHN C. KUNKEL, MEMBER OF CONGRESS FROM PENNSYLVANIA

Mr. KUNKEL. Mr. Chairman, I am very much in favor of this bill but I would like, with the permission of the committee, to submit a statement containing a suggested amendment designed to prevent the Medical Administrative officers from being required to take a pharmaceutical examination. I have discussed the matter with Mr. Durham, the author of the bill, and I would like that permission.

Mr. HARNESS. I didn't quite get that proposed amendment.

Mr. KUNKEL. As the bill is written, I understand it is not the purpose to make a Medical Administrative officer, who performs non-pharmaceutical duties, take a pharmaceutical examination, but it does not seem to me that the bill is clear on that point, and a number of the Medical Administrative officers are somewhat doubtful as to whether or not it is necessary. My amendment is purely to clarify that point and insure that the Medical Administrative officers will not be required to take such an examination.

I have studied the bill quite extensively, and while I don't propose to urge my opinion on you men who know a lot more about it than I do, I am strongly in favor of the Pharmacy Corps bill, but I do want to protect the Medical Administrative men who do the outside work.

The CHAIRMAN. All right. Do you have a written statement?

Mr. KUNKEL. I haven't it with me. I will prepare it and bring it in.

The CHAIRMAN. Thank you very much.

We have two more witnesses, Mr. Rowland Jones, Jr., National Association of Retail Druggists, and Maj. Arthur H. Einbeck, Officers' Reserve Corps, United States Army.

Do you gentlemen have statements?



**STATEMENT BY MAJ. ARTHUR H. EINBECK, OFFICERS' RESERVE  
CORPS, UNITED STATES ARMY**

Major EINBECK. Yes, sir; I have a statement, sir, and I will be glad to file it with the committee.

(The following statement was submitted by Major Einbeck:)

STATEMENT OF ARTHUR H. EINBECK, PH. G., MAJOR, INACTIVE RESERVE (SANITARY CORPS, ARMY OF THE UNITED STATES), PRESIDENT, HUDSON COUNTY RETAIL DRUGGIST ASSOCIATION; CHAIRMAN, PHARMACY CORPS LEGISLATION COMMITTEE, NEW JERSEY PHARMACEUTICAL ASSOCIATION

**A PHARMACY CORPS FOR THE ARMY**

As a member of the profession of pharmacy for over a quarter of a century—an officer in the Organized Reserve and an enlisted man in the Army for a similar period, I feel that I am qualified to give some testimony as to why it would be for the public interest, that there should be a pharmacy corps in the Army of the United States and in the Regular Army as well.

I base my contention upon several very important points; morale of the service, the ability of the pharmacist as applied to the military service, and his potentialities as an officer.

First the question of morale: In civil life the physician, pharmacist, dentist, veterinarian, and nurse, work together as a team in the interest of public health on an equal professional status. They respect each other's specific duties and consult with each other on equal professional footing. The profession of pharmacy due to increase in educational standards in the past two decades has created this elevation of status. In the Army we also find these professions working working as a team, but we find the status of the pharmacist, functioning as a pharmacist, reduced to that of a noncommissioned officer. He is no longer on an equal professional basis—he has lost caste. This is not only detrimental to his own self respect but limits his contribution to good teamwork, since he is not on a collaborating professional basis. Public health is a continuous program, whether we are at war or not, and the transition from peace to war is best served when the relationship of these vital professions is least disturbed. This is bound to be reflected somewhat in the medical service in the Army, since the pharmacist's superior knowledge of dispensing, compounding, laboratory procedure, medical supplies, the procurement and maintenance thereof give him an educational and experience right to advise and be consulted in the matters pertaining to his profession.

The morale of the soldier is best served with a higher type of medical collaboration with the medical officer, in the dispensaries and aid stations. In the absence of the medical officer, many of the in-between sick-call problems and first aid are handled by the noncommissioned officers on duty at the time. A pharmacist, as an officer in the Pharmacy Corps could be in charge of these installations, in the absence of the medical officer. With the pharmacist's medical knowledge, with some supplementary training, he can be adapted to many Medical Department installations quickly and place these functions on a higher plane. The supply elements of these installations would be better protected and a more varied use of these products and supplies might be made. An intimate knowledge of the drugs and supplies available and procurable provide a more varied use and will stop the total expenditure of many vital supply items. Thus vital medicines will be protected and their expenditure curtailed. The old adage, "The medics say they held the line with CC pills and iodine," might suggest that we use the same things too often. Pharmacy could tell medicine what is available and suggest its use. This is done every day in civilian life by the detail work of an educational nature among physicians done by pharmacists.

The morale of the home communities, in a long war, is the better preserved because of the lessened drain of physicians for service with the Army. Many communities are denuded of physicians, creating a serious morale problem. The maintenance of civilian morale is only secondary to morale at the front. A careful study of the potentialities of the pharmacist as an aide to physicians and a supplement thereto would mean that less medical officers would be required. A successful war program considers a proper balance of civilian as well as War Department needs. Both contribute to the war effort.

Pharmacists are invariably excellent officer material. They command and obtain respect in civil life. Successful participation in ethical pharmaceutical practice requires a high intelligence level. The pharmacists' broad training, especially in the sciences, produces men well able to think fast and accurately. They deal with many people in limited time and must make quick and important decisions. They are used to getting things done and with precision.

The dispensing and compounding of medicines in the Army should be on a higher plane. A fuller use of the present supply table would be augmented by additions after careful survey by the Pharmacy Corps in collaboration with the other corps of the Medical Department. Every pharmacy in the Army should be either under the direct supervision of a Pharmacy Corps officer or supervised by one from a higher echelon. Physicians are not generally fully capable of complete pharmaceutical supervision. That is why the supervision of pharmacy in civil life is placed by legislature in the hands of a board of pharmacy composed of pharmacists. The compounding and dispensing of medicines in the army will only reach its full efficiency when and if it is placed directly in the hands of pharmacy.

Pharmacists very naturally fit into the supply and procurement section of the Medical Department. They are familiar with proper storage of chemicals biologicals, surgical and other vital medical supplies. Their knowledge of medical nomenclature prevents confusion, and Federal and State record requirements give the pharmacist experience and makes him particularly meticulous in the maintenance of records, a vital supply function.

During reserve training, officers of the Medical Administrative Corps who were pharmacists in civil life did splendid work as sanitary officers, taking many of these important functions off the hands of medical officers. Water, sewage disposal and other problems were intelligently approached and resulted in appropriate recommendations. Their work was augmented by physicians and sanitary engineers but many important details were spared the medical officer who was thus more available for medical duties.

In smaller units, a pharmacy corps officer could assume additional duties as registrar, summary court officer, post-exchange officer, mess officer, adjutant company commander, although in wartime it is not presumed that he take over all of the duties of the present Medical Administrative Corps. Many of the functions of the present Medical Administrative Corps can be properly filled by men not of the professions, proved during the years of World War I with the Sanitary Corps and the years since. There should remain a branch of the Medical Department for a layman to advance in rank. It will continue to encourage to the enlisted personnel of the Medical Department a higher type of man, such as it did many years ago when the Medical Department was one of the only branches of the service that required an educational test on enlistment.

However as such, pharmacists are splendid material for the present Medical Administrative Corps and like the physician should be called into the Army during war time, from civil life, commissioned and sent to a service school for basic training. They can be assigned to duty in an administrative capacity with a fuller understanding of medical problems than any layman could possibly have. The Medical Administrative Corps would be more efficient because of a higher percentage of pharmacists on the job as well as other professional men associated close to medicine.

A study of the Tables of Organization of the Medical Department convinces me that Pharmacy Corps officers would relieve a number of medical officers in many of the units. In the medical regiment he could assume the duties of adjutant, assist in the collecting station, the medical supply section of the service company and the clearing station. There have been instances in European armies when the medical officer, was killed in some of the forward installations and the Pharmacy Corps officer assigned as his associate, carried on in the interim. A shortage of medical officers is often indicated in combat. Particularly after days of fighting and replacements have not come up. The so-called Lost Battalion of World War I went into action on its last objective with an entire medical personnel of two enlisted men, during the Meuse-Argonne operation. A fuller use of pharmacists might have avoided a shortage of medical assistance at a point where out of 550 officers and men 107 were killed and 190 wounded. It is to prevent these things from again happening, if possible, that I am particularly interested in making available for service all of the potentialities of a people.

I feel that my own experience in pharmacy, and in the Army as well, gives me a broader viewpoint on the entire question.



To summarize: Military medicine has advanced through the years but military pharmacy has not in the same degree. There was little to encourage the establishment of a Pharmacy Corps in the earlier days of the Army when medicine began to receive its just recognition, because of the lower educational standards at the time. Today, however, pharmacy stands with educational requirements on par with any of the professions. It is now a compulsory 4-year college course, leading to a science degree with additional internship requirements. The college curricula covers the field of biochemistry, pathology, bacteriology, foreign languages, public health, pharmacology, materia medica, chemistry, dispensing pharmacy, first aid, and many other related subjects. Turning loose these potentialities on military pharmacy will advance it beyond the G. I. stage as it is generally practiced and give the man in the service the same measure of service and protection that he expects from his pharmacist in civil life. A distinct contribution to military efficiency and soldier morale.

Thus is the pharmacist educationally equipped to take his place in the field of science and in the Medical Department of the Army. Gas and chemical warfare gives him a special place as a unit gas officer with knowledge of the principles of decontamination. I personally feel that there should continue to be some lay corps of the Medical Department to provide a place for the layman and the enlisted man to advance to a commissioned rank in the Medical Department and to those pharmacists who wish to particularly qualify for administrative work.

The establishment of a Pharmacy Corps, with the delegation of drug purchasing, testing, standardization, storage, transportation, compounding, and dispensing to such a corps would still leave many duties to a lay corps of the Medical Department, particularly as a war-expansion program. There is no question in my mind but that pharmacy could intelligently, efficiently, and progressively take over these functions and develop them to a higher point of efficiency and thus prove its indispensibility to the service.

The elevation of the status of pharmacy in the Army commensurate with the elevation of his status in civil life will elevate a group of men now in service who have all of the potentialities of officers and will continue the collaboration among the great professions allied in medicine to the best interest of the sick and wounded of our Army. And while it is the duty of every man to gain the respect for his profession that it deserves, I feel that I am moved by a more altruistic purpose, that is, bringing to the attention of my associates in the Medical Department of the Army the potential sources of science already at its disposal manifested by the profession of pharmacy.

#### **STATEMENT BY ROWLAND JONES, JR., NATIONAL ASSOCIATION OF RETAIL DRUGGISTS**

Mr. JONES. My name is Rowland Jones, Jr., representing the National Association of Retail Druggists, an organization of 28,000 independent retail druggists.

Mr. Chairman, I would like to file for the record resolutions which have been adopted by the Legislatures of the States of Maryland, California, Oklahoma, and Iowa. It will not be necessary to read those resolutions, but their subject matter speaks for itself.

I have a statement, rather lengthy, which I would like to file, but with your permission I would like to give you a boiled-down résumé of that long statement, if time permits.

In recent months the problem of efficient utilization of available manpower in the all-out war effort has grown in importance by leaps and bounds. Many agencies of the Government are devoting a large amount of time, effort, and money in studies and investigations in an effort to develop ways and means of utilizing the available manpower of the Nation in a practical and efficient manner.

Under present and past Army practice, the administration of our military personnel has allowed, and at times sought to condone, an extravagant waste of manpower in the field of pharmacy. One of the major objectives of this proposed legislation is to establish a separate Pharmacy Corps in the Army so as to correct this situation.

The placing of pharmaceutically trained personnel in the Army in positions where they cannot use their professional skill is a waste of manpower.

A registered pharmacist has completed a course in the college of pharmacy covering 4 years, and we feel that the service that he is qualified to render should be recognized by the Army.

Now, I realize the committee is in a hurry, and I am going to just take a minute or two more, with your permission.

The establishment of a separate Pharmacy Corps in the Army is a development that has been too long delayed. The evils and dangers resulting from the Army use of unqualified persons in the compounding and dispensing of potent drugs and medicines for our fighting men should be evident to all. Indeed, it is surprising that the introduction of legislation to create a separate Pharmacy Corps in the Army should be the subject of opposition from any quarter. No argument has been made thus far to this committee which in any wise supports the position previously taken by the Medical Department of the Army.

This committee has at its disposal voluminous evidence of dangerous malpractice which has existed in the Army down to this day. It is obvious that our national morale would be damaged were all of these facts to be released to the general public. They are a matter of the consideration of the Military Affairs Committee in executive session. Even cursory examination of the information already available will prove beyond the peradventure of a doubt that this legislation creating a separate Pharmacy Corps in the Army should be approved without further delay.

As a nation we are in the process of building the best trained and equipped Army the world has ever seen. Eleven million men will be taken from their peacetime pursuits and placed in military service of one kind or another.

The CHAIRMAN. We know all that, and you have it in your written statement. It is unnecessary for you to read it to the committee.

Mr. JONES. Let me read the last sentence, please: Failure to supply it by the only method that can be suggested, namely, a separate Pharmacy Corps for the Army, will inevitably lead to a lowered efficiency and unnecessary and avoidable additions to lists of casualties.

(The following resolutions and statement were submitted by Mr. Jones:)

STATEMENT BY ROWLAND JONES, JR., WASHINGTON REPRESENTATIVE OF THE NATIONAL ASSOCIATION OF RETAIL DRUGGISTS, MARCH 2, 1943

Pharmacy is a civilian profession which involves duties which have their counterpart in the Army. It is a distinct calling in civil life of comparable status with medicine and dentistry and one which only pharmacists are qualified to practice.

The American public requires that those who compound and dispense drugs and medicines meet high requirements of education, training, and experience before they are entrusted with the responsibility of handling strychnine, morphine, sulfanilamide, and other potent drugs and poisons. The civilian pharmacist must be a graduate of a 4-year course in pharmacy in an accredited college of pharmacy, must serve a year or more of internship, and then must pass very stringent State examinations in order to be licensed.

No corresponding protection is afforded the soldier. The Army permits drugs and medicines to be compounded by enlisted men; in some cases the man is given a "90-day instruction," but not all of the men who are today performing pharmaceutical tasks in Army hospitals and installations have had even this much training. The Army seems disposed to regard pharmacy as a work of a subsidiary



nature which the physician can undertake as a matter of course, or which can be relegated to persons with limited or undefined training. In doing so, it fails to give the soldier the protection to which he is entitled.

The modern treatment of disease requires the use of such highly specialized, complex compounds as sulfanilamide, sulfathiazole, sulfadiazine, and sulfaguanidine, and serums, vaccines, and antitoxins. These very effective new drugs have greatly changed the procedure of the Army doctor; no longer does he confine his prescribing to the drugs found in the simple lists of a few years ago. The safety of our men in uniform demands that those who handle these drugs and similar medicines be highly trained, competent individuals who are familiar with the character of the potent substances they supply.

At the present time in the Army, various phases of the purchase, shipment, storage, compounding, and dispensing of drugs and medicines are assigned to the Sanitary Corps, the Medical Corps, and the Medical Administrative Corps, with consequent division of authority and responsibility, overlapping of duties, and unnecessary red tape. All of these functions should be coordinated in a Pharmacy Corps of equal standing and authority as the Medical, Dental, and Veterinary Corps. Pharmacists by their education and training know how to purchase drugs and medicines wisely and economically. They are competent to standardize them. They know the special precautions which must be taken in storing and transporting certain drugs to prevent deterioration through excessive heat, cold, moisture, or dryness. Failure to utilize fully the services of pharmacists can only result in a lack of efficiency and an uneconomic use of medical supplies.

In addition to his knowledge of the sources of supply of drugs, their testing, storage, transportation, compounding, dispensing, and use, the pharmacist's training fits him to render other special duties related to the furnishing of health services, should an emergency demand it.

Enactment of the Pharmacy Corps bill will not only give the American soldier the protection of a well coordinated pharmaceutical service, make available large, unused resources of skill and knowledge for fruitful application, but would release many physicians who are now performing tasks which could be handled as well or better by pharmacists. The Army is short of physicians and yet many doctors are performing tasks which are more pharmaceutical than medical. Several medical journals have recently warned that many physicians in the Army are liable to lose their skill and technique through lack of their use. I believe that physicians in the Army should be relieved of all the duties which they now perform which could be assumed by men with pharmaceutical training.

#### UTILIZATION OF MANPOWER

In recent months the problem of the efficient utilization of available manpower in the all-out war effort has grown in importance by leaps and bounds. Many agencies of the Government are devoting a large amount of time, effort and money to studies and investigations in an effort to develop ways and means of utilizing the available manpower of the Nation in a practical and efficient manner.

Under present and past Army practice, the administration of our military personnel has allowed—and at times sought to condone—an extravagant waste of manpower in the field of pharmacy. One of the major objectives of this proposed legislation to establish a separate Pharmacy Corps in the Army is to correct this situation.

(1) The placing of pharmaceutically trained personnel in the Army in positions where they cannot use their professional skill is a waste of manpower.

When an employer obtains the services of an individual, he pays for two distinct things: one, the actual time the employee spends in the performance of his duties, and two, the time spent by the employee in the past in preparing himself along specialized lines. If the employer does not get the full benefit of this specialized training, a waste of manpower results.

A registered pharmacist has completed a course in a college of pharmacy covering 4 years. He has an investment in his professional education amounting to at least \$2,000. On the average, this educational cost is much higher. That investment has become a part of the individual, for it has purchased a specialized skill. The Nation has need of this specialized skill in its armed forces, and if, after induction into the armed forces, the Army fails to use that skill the Army and the Nation sustain a loss that is irrecoverable. In other words, by failing to use the specialized skill the Government has drafted the whole man but it gets only a part of the man—the less valuable part.

(2) The placing of untrained men in pharmaceutical positions by the Army is also a flagrant waste of manpower. If the nonpharmacist assigned to pharmaceutical duties has had training or experience qualifying him for work which the Army needs in the prosecution of the war, the Government loses the benefit of that person's specific qualifications. That qualification becomes a lost war asset.

In addition, the Army loses the 90 days required for giving the nonpharmacist the limited training in the Army Specialist School, plus the cost of such training. Thus the armed forces lose a maximum of 180 days in the case of every nonpharmacist selected and used in the performance of pharmaceutical duties: first, the 90 days spent by the trainee in the Army's school, and second, the 90 days of pharmaceutical duty which might well have been performed by a qualified pharmacist.

(3) The number of trained pharmacists in the United States is not large enough to justify the diversion of any part of them to nonprofessional service, either in the armed forces or on the civilian front. Recent census figures have disclosed that the number of registered pharmacists is smaller than had been generally supposed. The net number of new registrations of pharmacists has not been large enough in recent years to replace the pharmacists eliminated by death, retirement, and shifts to other fields of activity. At a time when the draft has taken a substantial proportion of physicians out of civilian practice, the overburdened physicians remaining in their respective communities need even more assistance than normally from the pharmacists inadequately meeting the health needs of their communities. There are entire counties in the country where no pharmacists remain to serve the public need. There are many communities in the country where the nearest physician is many miles away. Such physicians should not be burdened with the task of preparing medicines as well as prescribing them. With the scarcity of pharmacists in civilian communities, it is a reckless waste of manpower to put pharmacists into the armed forces in positions that others could better fill.

If the physicians in the armed forces were relieved of some of the duties which they now perform for which pharmacists are qualified, it would not be necessary to take so many physicians from civilian life and thus create a serious civilian health hazard.

There are many duties now performed by Army physicians that should be turned over to a specialized Pharmacy Corps. Among these are the selection, procurement, safeguarding and dispensing of drugs, medicines, chemicals, and surgical supplies; the performance of routine tests and procedures under the physicians' supervision and direction, the keeping of records, the making of reports, and the preservation of valuable statistical data.

In selecting drugs and chemicals the pharmacist has training and experience of a kind not possessed by the physician. As an example, a trained pharmacist would know when an inexpensive U. S. P. drug could be used instead of an expensive proprietary preparation; and that knowledge would make it possible to effect considerable economies in the operation of the medical service of the Army. It should be remembered that the physician's knowledge of pharmacy is quite as limited as the pharmacist's knowledge of the practice of medicine. This is recognized everywhere except in our armed forces.

(4) The men serving in the armed forces of the Nation are entitled to the same protection against incompetent pharmaceutical practice that the civilian population receives as a matter of course. Such service and protection is not available in our armed forces.

The legislatures of the 48 States and the Territories have long since set up rigid requirements governing the practice of pharmacy. The Congress has established like standards and safeguards for the District of Columbia. Four years of education and training in a recognized college of pharmacy has become practically the universal prerequisite to registration as a pharmacist. This constitutes a recognition, clear and unmistakable, that public health and safety requires that persons entrusted with the compounding and dispensing of potent drugs and medicines have a minimum of 4 years—not 9 weeks in a "crash" school of preparation. No evidence has ever been presented that even tends to prove that an individual, by reason of his induction into the armed forces, becomes immune to the dangers of potent drugs and medicines unskillfully compounded or ignorantly administered. There is no reason to believe that a person in the armed forces requires less pharmaceutical protection than the person in civilian life. The armies of the majority of the nations of the world have long since recognized the verities of this situation. No other nation has been so reckless with the health and lives of its soldiers as to turn them over to the tender mercies of the "90-day wonder," the product of the Army's training schools.



(5) Adequate pharmaceutical service in the armed forces can be insured only by the creation of a separate Pharmacy Corps.

That an independent status is necessary has been recognized heretofore in the creation of a Medical Corps, a Nurses' Corps, a Veterinary Corps, and a Dental Corps. The fact that nonpharmacists are used in the Army for pharmaceutical duties and that trained pharmacists have been assigned to work unrelated to their qualifications, is ample proof that that condition will continue so long as pharmacy remains without voice or representation in the determination of policies governing the administration of a competent pharmaceutical service.

It should be stressed constantly that this proposed legislation does not contemplate that all members of a Pharmacy Corps be commissioned.

However, an adequate number of highly trained and qualified pharmacists should be commissioned in a separate Pharmacy Corps in order that pharmacy may make itself felt and heard in the formation of Army medical policy. Unless there are pharmacist officers of equal dignity and rank with the medical officers with whom they serve, who can meet their medical colleagues on even terms, Army medical policy will continue to fail, as it has in the past, to reflect the advances which have been made in medical procedures in civil life as a direct result of pharmaceutical contributions.

Pharmaceutical chemists have developed many new chemotherapeutic agencies within recent years. They have also devised new vehicles for the administration of old drugs. These are improvements in public health service which it is essential the Army should recognize and use. While it is not contended that these new drugs, vehicles, and methods are unknown to the medical profession, it is a fact that many of the older, and therefore the policy-making, medical officers are conservative to a marked degree and disposed to follow the older procedures which they learned years ago. Associating with them—as equals—a certain number of men trained in modern pharmaceutical science and practice would be a potent factor in broadening and bringing up to date the antiquated medical practice that characterizes our Army.

(6) The production of 90-day trainees in the Army specialist schools, who have had no adequate pharmaceutical training before induction into the armed forces, and no training worthy of the name after induction, constitutes a threat to the standards of the profession of pharmacy, which have been laboriously built up over many years. These standards are even now subject to attack in State legislatures by self-seeking individuals seeking a short cut to enter the profession, by-passing the essential 4-year course now almost universally required. The training of nonpharmacists in Army 90-day specialist schools will inevitably increase the pressure after the war for a lowering of standards, when hundreds and even thousands of these half-trained 90-day wonders return to civilian life. They will be in a position to plead that they are ex-service men, and as such entitled to special consideration, and that if they have enough training to compound and dispense drugs and medicines to fighting men, their ability to compound and dispense such drugs and medicines for civilian use should not be questioned.

#### CONCLUSION

The establishment of a separate Pharmacy Corps in the Army is a development that has been too long delayed. The evils and dangers resulting from the Army's use of unqualified persons in the compounding and dispensing of potent drugs and medicines for our fighting men should be evident to all. Indeed, it is surprising that the introduction of legislation to create a separate Pharmacy Corps in the Army should be the subject of opposition from any quarter. No argument has been made thus far to this committee which in any wise supports the position previously taken by the Medical Department of the Army.

This committee has at its disposal voluminous evidence of dangerous malpractice which has existed in the Army down to this day. It is obvious that our national morale would be damaged were all of these facts to be released to the general public. They are a matter for the consideration of the Military Affairs Committee in executive session. Even cursory examination of the information already available will prove beyond the peradventure of a doubt that the legislation creating a separate Pharmacy Corps in the Army should be approved without further delay.

As a nation we are in the process of building the best trained and equipped Army that the world has ever seen. Eleven million men will be taken from their peace-time pursuits and placed in military service of one kind or another. The American people want, and indeed demand, that no expense and no effort be spared to bring

this war to a victorious and early conclusion. It goes without saying that efficient, modern methods are essential if America is to win this war. We believe that such methods are now being used in every department and every section of our armed forces, save in this one particular—the lack of an adequate, efficient and effective pharmaceutical service. Failure to supply it by the only method that can be suggested, namely, a separate Pharmacy Corps in the Army, will inevitably lead to a lowered efficiency and unnecessary and avoidable additions to our lists of casualties.

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#### RESOLUTION OF MARYLAND STATE LEGISLATURE

Whereas the experience of every civilized country in the world as exemplified by the laws on their statute books governing the practice of pharmacy, including those on the statute books of all of the States of our own country, requires that a pharmacist shall have at least 4 years of professional training in a college of pharmacy to make him a safe person to be entrusted with the responsibility of handling the many dangerous drugs and medicines prescribed by physicians, such as strychnine, morphine, sulfanilamide, bichloride of mercury, serums and vaccines, etc.; and

Whereas correspondingly competent pharmaceutical service is not now afforded the men serving in the Army and is not comparable to that received by our civilian population, such services being performed in the Army and in many cases by men with only 90 days of emergency training and in other cases by those who have had no pharmaceutical training whatsoever, thus jeopardizing the health and welfare of our soldiers, and

Whereas the men in the Army should be afforded pharmaceutical service of at least the same competency and efficiency as that afforded the civilian population; and

Whereas this can only be accomplished by creating a Pharmacy Corps in the Army, which will have the authority required and the personnel of which will be adequately educated and trained for the purchase, selection, manufacture, standardization, storage, and dispensing of medicines and for such other pharmaceutical and administrative duties as their education and training qualifies them to perform: Therefore be it

*Resolved*, That the Maryland State Legislature now in session goes on record as urgently requesting the Congress of the United States to pass legislation without delay to establish a Pharmacy Corps within the Army; and be it further

*Resolved*, That copies of this resolution be sent to the President of the United States Senate, the Speaker of the House of Representatives, the President of the United States, the Secretary of War, the Surgeon General of the United States Army, and to the Maryland Members of Congress.

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#### RESOLUTION OF CALIFORNIA STATE LEGISLATURE

Whereas the Pharmacy Corps bill, S. 216, H. R. 997; is now pending in Congress, providing for the creation of a Pharmacy Corps in the United States Army, to be organized under graduate pharmacists skilled and learned in the compounding and dispensing of drugs and medicines; and

Whereas in the treatment of disease and the care of the sick or injured, the services of skilled, reliable, and experienced graduate pharmacists are essential and such services are second only to the services of skilled physicians and surgeons; and

Whereas, it is the well-established public policy of the United States and of every State thereof to require all persons engaged in the compounding and dispensing of drugs and medicines to be graduate pharmacists; and

Whereas such public policy is vital and necessary to the safety, health, and life of its people; and

Whereas the health, safety, and preservation of life of every member of the armed forces of the United States is of primary and paramount importance for the safety of the Nation; and

Whereas members of the armed forces of the United States and especially those of them who are overseas at various fighting fronts, are entitled to receive, and it is the policy and desire of the people of the United States to furnish to them, the best treatment and most proficient services within the power and capacity of the people and especially to furnish proficient and skillful graduate pharmacists to safeguard the health and lives of its fighting men; and



Whereas, the compounding and dispensing of drugs and medicines is essentially a professional service requiring great skill, intimate knowledge and experience with drugs and medicines: Now, therefore, be it

*Resolved by the Assembly and Senate of the State of California, jointly,* That the legislature of this State unanimously endorse the Pharmacy Corps bill, S. 216, H. R. 997, and request the Members of Congress to enact the same into law; and be it further

*Resolved,* That the chief clerk of the assembly prepare and transmit copies of this resolution to the President and Vice President of the United States, to the Speaker of the House of Representatives of the Congress of the United States, to such Senator or Member of the House of Representatives from California in the Congress of the United States, and that the Senators and Representatives from California are hereby respectfully urged and requested to support the said Pharmacy Corps bill.

#### RESOLUTION OF OKLAHOMA STATE LEGISLATURE

*Be it resolved by the House of Representatives of the Nineteenth Legislature of the State of Oklahoma (the State Senate concurring therein), That:*

Whereas there is now pending in the Congress of the United States, H. R. 997 and S. 216 to create a Pharmacy Corps in the United States Army; and

Whereas there is a definite need in this war emergency for the capable handling of drugs, medicines, and pharmaceuticals which are used in the treatment of diseases of our boys and girls in the armed forces; and

Whereas at the present there is no law providing for the creation of such a Pharmacy Corps: Now, therefore, be it

*Resolved by the House of Representatives of the Nineteenth Oklahoma Legislature, the Senate concurring therein,* That we memorialize the Congress of the United States to put forth every effort to see these two bills enacted into law; and be it further

*Resolved,* That a copy of this resolution be sent to the President of the United States, to the chairman of the Military Affairs committees of the Senate and House, and to the congressional delegation of Oklahoma.

#### RESOLUTION OF IOWA STATE LEGISLATURE

*Be it resolved by the Senate of the Fiftieth Legislature of the State of Iowa, the State house of representatives concurring therein, That:*

Whereas there is now pending in the Congress of the United States House bill No. 997 and Senate bill No. 216 to create a Pharmacy Corps in the United States Army; and

Whereas there is a definite need in this war emergency for capable handling of drugs, medicines, and pharmaceuticals, which are used in the treatment of diseases of our boys and girls in the armed forces; and

Whereas at the present there is no law providing for the creation of such a Pharmacy Corps: Now, therefore, be it

*Resolved,* That a copy of this resolution be sent to the President of the United States, to the chairman of the Military Affairs Committees of the Senate and House, and to the congressional delegation of Iowa.

The CHAIRMAN. Thank you very much.

Dr. KENDIG. May I request permission to file a brief statement which will clarify some of the questions raised here today?

The CHAIRMAN. Yes, sir; you may file it with the committee.

(The following statement was submitted by Dr. Roy B. Cook, American Pharmaceutical Association:)

#### STATEMENT OF ROY B. COOK, REPRESENTING THE AMERICAN PHARMACEUTICAL ASSOCIATION

##### THE PHARMACY CORPS BILL.

In 1936 the first legislative step was taken toward the objective which it is now planned to reach through the enactment into law of H. R. 997. In that year, and on the initiative of the Medical Department of the Army, the National Defense Act was amended to provide that only pharmacists, with certain educational requirements, could be commissioned in the Medical Administrative Corps in

the Regular Army, which corps then consisted of 72 commissioned officers. The number of pharmacists so commissioned was limited to 16 which was the number of vacancies then existing in the corps.

In 1939 the National Defense Act was again amended, on the initiative of the Medical Department of the Army, to provide that the Medical Administrative Corps should consist of the 16 officers referred to above.

H. R. 997 has four general provisions, as follows:

(1) To change the name of the Medical Administrative Corps to that of the Pharmacy Corps. The Medical Administrative Corps in the Regular Army now consists of 16 commissioned pharmacists and only pharmacists are eligible to commissions in that corps. It seems only proper that this corps should be a professional organization similar to the Medical, Dental, and Veterinary Corps and that the name of the corps should be in accord with its character and purpose.

(2) The number of officers in the corps is increased from 16 to 72. The personnel of the Medical Administrative Corps was 72 officers before it was changed to consist of pharmacists only and therefore the legislation provides that the personnel shall be restored to the original number. The Pharmacy Corps, as proposed, will supervise and direct the pharmaceutical work in the Regular Army with the assistance of an adequate enlisted personnel, and will provide the nucleus around which the corps may be expanded in time of emergency.

(3) It provides that an officer of the Pharmacy Corps shall be promoted on the same basis as the officers in the other divisions of the Medical Department. Officers of the present Medical Administrative Corps of the Regular Army can advance only to the rank of captain. Pharmacists will be commissioned in the Pharmacy Corps as second lieutenants. They will advance to the grade of first lieutenant after 3 years' service, to the grade of captain after 6 years' service, to the grade of major after 12 years' service, to the grade of lieutenant colonel after 26 years' service. These officers shall be examined for promotion in accordance with laws governing the examination of officers of the Medical Corps.

(4) It provides for a Pharmacy Reserve Corps in accordance with the requirements of the National Defense Act. Pharmacists who are commissioned in this Reserve in time of peace will be required to take a certain amount of training and to be prepared to enter active service if required. These Reserve officers are commissioned in the Army of the United States and in time of emergency may be called to active duty. The bill also provides that pharmacy students may be admitted to a pharmacy unit of the Reserve Officers' Training Corps for a period of 2 years and may be selected for advance training on the basis of his record under the conditions applying to the medical, dental, and veterinary students. Upon completion of the advance course and graduation these students will be eligible to commissions in the Pharmacy Reserve Corps.

The purpose of the legislation, briefly stated, is to coordinate under one organization all of the pharmaceutical services rendered in the regular Army including the purchase, examination, shipment, storage, and standardization of the drugs and medical supplies and their compounding and dispensing, by providing in this permanent corps and permanent Reserve corps, a group of well-trained, experienced, and capable pharmacists who can discharge and supervise these important and essential health services and also direct the further expansion of the corps in the Army of the United States in times of emergency such as that we are going through now. It is our conviction that pharmaceutical service necessary to the health and welfare of our soldiers in time of peace is sufficiently important and extensive to warrant the sole attention and direction of a Pharmacy Corps in the Regular Army, supplemented by a trained enlisted personnel and a Pharmacy Reserve Corps. It is imperative, in our opinion, to have such a trained group to organize and direct the expanded pharmaceutical service required in time of emergency.

We are convinced that a Pharmacy Corps, if properly organized, can effect savings which will fully justify its establishment in addition to the improved service which it can guarantee.

It is unnecessary to further stress the type of pharmaceutical service which our soldiers should have. It is true that such a service varies in certain respects from the civilian pharmaceutical service especially in combat areas. They are, however, basically the same and require the same trained, responsible personnel to insure that they are effective and that they are safe. It is intended to guarantee by this legislation that our soldiers will receive as good pharmaceutical service and the same protection in the use of drugs and medical supplies as every citizen is



guaranteed under the pharmacy laws of the States of the Union. Certainly no one will contend that our soldiers do not deserve every health service and protection that is available to our citizens, especially in view of the added risks to which soldiers are exposed and the urgent necessity to keep them well and in the best possible physical condition for war and post-war services.

(The following telegrams were submitted by Mr. Durham for inclusion in the record:)

CHICAGO, ILL., March 2, 1943.

HON. CARL T. DURHAM,  
Member, House Military Affairs Committee,  
House Office Bldg., Washington, D. C.:

The National Association of Retail Druggists has long been on record in favor of the establishment of a separate Pharmacy Corps in the Army. We understand that hearings on this bill are to take place this morning and the National Association of Retail Druggists wishes to urge a favorable report upon this much needed legislation.

JOHN W. DARGAVEL,  
Executive Secretary, National Association of Retail Druggists.

SALT LAKE CITY, UTAH, March 1, 1943.

COMMITTEE ON MILITARY AFFAIRS,  
House of Representatives, Washington, D. C.:

Please be advised that the Utah House and Senate have passed House Concurrent Memorial No. 1 entitled "Memorializing Congress to enact H. R. 997 or S. 216 which will establish a Pharmacy Corps in the United States Army." Telegram thought necessary to advise before meeting you. Committee tomorrow when completed copies of memorial will be sent.

E. E. MONSON, Secretary of State.

The CHAIRMAN. Let the committee go into executive session for a few minutes.

(The following was submitted for the record:)

WALKER COUNTY HEALTH DEPARTMENT,  
Jasper, Ala., March 10, 1943.

*Be it resolved by the Medical Society of Walker County, Ala., in regular session of February 12, 1943, that—*

Whereas there is now pending in the Congress of the United States House bill No. 997 and Senate bill No. 216, to create a Pharmacy Corps in the United States Army; and

Whereas there is a definite need in this war emergency for the capable handling of drugs, medicines, and pharmaceuticals which are used in the treatment of diseases of our boys and girls in armed forces; and

Whereas at the present there is no law providing for the creation of such a Pharmacy Corps:

Six reasons advanced for the bill were:

1. The soldier is entitled to the same health protection as the civilian, and under present methods of recruiting, drafting, and assignment to duty, he is not getting this protection.

2. Recent advances in medical science—particularly with respect to the new sulfa drugs—have been so great and so important that only a trained pharmacist should be permitted to handle these drugs.

3. Purchasing of drugs and medicines for the Army has, in the past, been handled by three separate agencies, and this has resulted in considerable overlapping of buying. Pharmacists are trained and experienced in purchasing work, and this duty should be handled by them in a Pharmacy Corps, instead of by the Sanitary Corps, the Medical Corps, and the Medical Administrative Corps.

4. The pharmacist's special training has fitted him to render other special duties related to the furnishing of health services.

5. Many physicians, vitally needed in hospitals and in the field by the Army, are now engaged almost totally in supervision of pharmaceutical work. If pharmacists of the Pharmacy Corps were doing this work, these physicians could then be given medical work to do.

6. A pharmacist is not a technician in the same sense as is an X-ray or laboratory technician. The pharmacist has a far greater responsibility toward life and health than any other medical technician, and moreover, his knowledge of drugs and medicines has always made him a very great and essential assistant to the medical profession: Now, therefore, be it

Resolved by the Medical Society of Walker County, Ala., that we memorialize the Congress of the United States to put forth every effort to see these two bills enacted into law.

J. L. SOWELL, *Secretary.*

The secretary read the following communication from Maj. Gen. C. R. Reynolds, Surgeon General, United States Army:

"I appreciate very much the invitation extended to me, through you, to attend the annual meeting of the American Pharmaceutical Association at Minneapolis, particularly on August 23 or August 25.

"As I find myself unable to be present, I wish you would extend to the membership the greetings of the Medical Department of the Army and express our appreciation of the cordial cooperation that has been developed by the association with the Medical Department in establishing pharmacy in the medical service on a more substantial and permanent footing. The act of Congress of June 24, 1936, which provided for the appointment of 16 pharmacists in the Medical Administrative Corps was the result of an effort begun many years ago by Surgeon General Ireland and continued by my immediate predecessor, Surgeon General Patterson, in which both had the close cooperation of the American Pharmaceutical Association. I am happy to say that the appointees, of which there have been 7, have made a splendid impression on the military establishment and are receiving training in their general military duties as officers of the Army, to be followed by assignments in the field of instruction and the laboratory and supply services. I believe the pharmaceutical service of the Army will be greatly improved by these officers and the instruction of assistants will be placed on a more scientific and thoroughgoing standard. We intend to train and employ the pharmacists who are appointed in the Medical Administrative Corps in a manner similar to that obtaining in several continental armies where the pharmacist as a commissioned officer is doing much toward the scientific development of the medical service in general.

"Another examination will probably be arranged this autumn at which time we hope to obtain more of the splendid young men who have met the standards established by the Army and have had the endorsement of your association."

THE STATE COLLEGE OF WASHINGTON,  
SCHOOL OF PHARMACY,  
Pullman, Wash., March 11, 1943.

Hon. CARL D. DURHAM,  
*House of Representatives,*  
Washington, D. C.

DEAR SIR: I am writing you again calling to your attention the new Pharmacy Corps bill, known as H. R. 997, which is a bill to create a Pharmacy Corps in the United States Army. This bill would create a Corps for Pharmacy similar to those now operating in medicine, dentistry, nursing, and veterinary medicine.

There is a great need for this Pharmacy Corps for the proper dispensing of medicine to our armed forces both here and abroad. It would add materially to the Public Health Service and be of great assistance to the physicians in the service.

Just last week I had a call from Fort Lewis, Wash., for a graduate pharmacist, either man or woman, even one who was militarily defective, to serve the armed forces at that fort. With a Pharmacy Corps the thousands of pharmacy graduates now doing odd jobs, driving trucks, etc., would be available for the service they are professionally trained to perform. There are other military hospitals with hundreds of beds where there are no pharmacists, and the dispensing is being done by laymen.

I feel that this situation should be corrected at the earliest possible date and respectfully request your support of the Pharmacy Corps bill now in Congress.

Yours very truly,

P. H. DIRSTINE,  
*Dean, School of Pharmacy.*



(Presented by Hon. Harve Tibbott of Pennsylvania)

THE CAMBRIA COUNTY MEDICAL SOCIETY,  
Johnstown, Pa.

RESOLUTION

Whereas the Pharmacy Corps bill, S. 216, H. R. 997, is now pending in Congress, providing for the creation of a Pharmacy Corps in the United States Army, to be organized under graduate pharmacists skilled and learned in the compounding and dispensing of drugs and medicines; and

Whereas in the treatment of disease and the care of the sick or injured, the services of skilled, reliable, and experienced graduate pharmacists are essential and such services are second only to the services of skilled physicians and surgeons; and

Whereas it is the well-established public policy of the United States and of every State thereof, to require all persons engaged in the compounding and dispensing of drugs and medicines to be graduate pharmacists; and

Whereas the health, safety, and preservation of life of every member of the armed forces of the United States is of primary and paramount importance to the safety of the Nation; and

Whereas members of the armed forces of the United States and especially those who are overseas at various fighting fronts, are entitled to receive, and it is the policy and desire of the people of the United States to furnish to them, the best treatment and the most proficient services within the power and capacity of the people, and especially the services of proficient and skilled graduate pharmacists, to safeguard the health and lives of its fighting men; and

Whereas the compounding and dispensing of drugs and medicines is essentially a professional service requiring great skill and intimate knowledge and experience with drugs and medicines: Now, therefore, be it

*Resolved*, That the Cambria County Medical Society unanimously endorse the Pharmacy Corps bill, S. 216, H. R. 997, and request the Members of Congress to enact the same into law; and be it further

*Resolved*, That the secretary prepare and transmit copies of this resolution to the President and Vice President of the United States, and to the Speaker of the House of Representatives of the Congress of the United States, and to each Senator and Member of the House of Representatives from Pennsylvania, and that the Senators and Representatives from Pennsylvania are hereby respectfully urged and requested to support the said Pharmacy Corps bill.

Adopted March 12, 1943.

PAUL McCLOSKEY, M. D., *Secretary-Treasurer*.

SENATE OF THE STATE OF MONTANA,  
Helena, March 1, 1943.

HOUSE MILITARY AFFAIRS COMMITTEE,  
National Capital, Washington, D. C.

GENTLEMEN: At the direction of the Senate of the Twenty-eighth Legislative Assembly of the State of Montana, I herewith hand you a copy of Senate Memorial No. 2 introduced by John L. Campbell, senator from Missoula County, which was duly adopted by the Senate on the 27th day of February 1943.

This memorial is presented to you for consideration.

Respectfully,

CLAUDE J. McALLISTER,  
*Secretary of the Senate*.

SENATE MEMORIAL NO. 2

(Introduced by Campbell)

A SENATE MEMORIAL TO THE CONGRESS OF THE UNITED STATES, REQUESTING THE ENACTMENT OF SENATE BILL 216 AND HOUSE BILL 977, NOW PENDING BEFORE CONGRESS, CREATING A PHARMACY CORPS IN THE ARMED SERVICE

*To the Honorable Senate and House of Representatives of the United States of America in Congress assembled:*

Whereas there is now pending in Congress Senate bill 216 and House bill 977, known as the Pharmacy Corps Act, providing for a coordination of the activities of thousands of registered pharmacists now engaged in the armed service of the Nation; and

Whereas the sponsors of this legislation maintain that the formation of the Pharmacy Corps will accelerate and coordinate the prompt and efficient dispensing of emergency medicines on the battlefields, as well as coordinating research activities; and

Whereas Montana has an exceptionally large number of pharmacists in the armed service who favor the creation of this corps: Now, therefore, be it

*Resolved, by the Senate of the State of Montana,* That Congress be requested to take appropriate action for the passage of the pending acts creating a Pharmacy Corps; and be it further

*Resolved,* That a copy of this memorial be transmitted by the secretary of the Senate of the State of Montana to the President of the United States, the Senate Military Affairs Committee, the House Military Affairs Committee, and to the Honorable B. K. Wheeler and the Honorable James E. Murray, United States Senators from Montana, and to the Honorable James E. O'Connor and the Honorable Mike Mansfield, Congressmen from Montana.

ERNEST T. EATON,  
*President of the Senate.*  
CLAUDE J. McALLISTER,  
*Secretary of the Senate.*

OLYMPIA, WASH., March 3, 1943.

CHAIRMAN OF THE HOUSE MILITARY AFFAIRS COMMITTEE,  
*Washington, D. C.:*

The Washington State Legislature in legislative session assembled, have passed the following senate joint resolution:

Whereas there is now pending in the Congress of the United States House bill No. 997 and Senate bill No. 216 to create a Pharmacy Corps in the United States Army; and

Whereas there is a definite need in this war emergency for the capable handling of drugs, medicines, and pharmaceuticals which are used in the treatment of diseases of our men and women in the armed forces; and

Whereas at the present there is no law providing for the creation of such a Pharmacy Corps: Now, therefore, be it

*Resolved,* That we memorialize the Congress of the United States to put forth every effort to urge that these two bills be enacted into law.

H. H. HENNEFORD,  
*Secretary of the Senate.*

THE COLORADO PHARMACAL ASSOCIATION,  
*Denver, Colo., February 24, 1943.*

HON. ANDREW J. MAY,  
*House of Representatives, Washington, D. C.*

DEAR MR. MAY: The following resolution is submitted to you and to the other members of the House Committee on Military Affairs, as a sincere and earnest expression of our belief that the pending Pharmacy Corps bill (S. 216, H. R. 997) is a measure the enactment of which into law would redound to the benefit of the men in our armed forces and thereby contribute to the winning of the war:

"Whereas the health and physical welfare of the men in our armed forces is a matter of primary importance, which demands and deserves the exercise of all resources known to medical science; and

"Whereas pharmacy (the compounding and dispensing of medicines) is an important branch of medical science, recognized in every State of the Union, by enactment of laws restricting the performance of such service for civilians to individuals, who by training, schooling, and experience have acquired such knowledge and proficiency as is necessary to the safe practice of this Public Health Service; and

"Whereas those responsible for the physical welfare of men in the armed forces, while recognizing the need for skilled physicians to diagnose the bodily ills of these men and to prescribe the proper remedies, have not seen fit to safeguard the dispensing of these remedies, often including powerful and dangerous drugs, but permit such work to be performed by men who have had only 3 months of technical training, and generally, no previous experience whatever: and

"Whereas most of such technicians are comparatively young and many of them have not yet developed the mature judgment that is necessary to safeguard the dispensing of powerful and dangerous drugs; and



"Whereas many thousands of registered pharmacists have been inducted into service and have been assigned to duties for which they are not fitted, either by training or experience, while the services for which they are qualified are not being properly performed, because they are entrusted to inexperienced men, whose knowledge is almost entirely of theoretical character; and

"Whereas there is now pending in the United States Congress, the Pharmacy Corps bill (S. 216, H. R. 997), the purpose of which is to insure to the sick and wounded in our armed forces the same competence in dispensing powerful and dangerous drugs that is afforded to our civilian population throughout the Nation: Therefore be it

*Resolved*, That the Colorado Pharmacal Association does hereby endorse the Pharmacy Corps bill (S. 216, H. R. 997) and does urge upon the House Committee on Military Affairs that, following the hearing on this bill, scheduled for Tuesday, March 2, a favorable report, recommending its passage, be made to the House of Representatives; and be it further

*Resolved*, That a copy of this resolution be sent to each member of the House Committee on Military Affairs, and that each Colorado Representative and Senator in the Congress be urged to do everything in his power to bring about its enactment into law, to the end that those who are risking their lives in defense of our freedom to live our lives according to the dictates of our own conscience may not lack anything that we can supply to aid in the preservation of their lives."

We shall appreciate your careful consideration of this matter and sincerely hope that you will support the Pharmacy Corps bill to the fullest possible extent.

Yours very truly,

CHAS. J. CLAYTON.

A CONCURRENT RESOLUTION MEMORIALIZING THE CONGRESS OF THE UNITED STATES TO TAKE SUCH ACTION AS NECESSARY TO CREATE A PHARMACY CORPS IN THE UNITED STATES ARMED FORCES

(Introduced by Mr. Timmons)

Whereas there is now pending in the Congress of the United States House bill No. 997 and Senate bill No. 216 to create a Pharmacy Corps in the United States Army; and

Whereas there is a definite need in this war emergency for the capable handling of drugs, medicines, and pharmaceuticals which are now used in the treatment of disease of our boys and girls in the armed forces; and

Whereas at the present time there is no law providing for the creation of such a Pharmacy Corps: Now, therefore, be it

*Resolved by the House of Representatives of South Carolina, (the Senate concurring)*, That we memorialize the Congress of the United States to put forth every effort to see these two bills enacted into law; and be it further

*Resolved*, That a copy of this resolution be sent to the President of the United States, the chairman of the Military Affairs Committees of the Senate and House, and to the congressional delegation of South Carolina.

IN THE HOUSE OF REPRESENTATIVES,  
Columbia, S. C., March 24, 1943.

I hereby certify that the foregoing is a true and correct copy of a resolution adopted by the house of representatives and concurred in by the senate.

INEZ WATSON,  
Clerk of the House.

H. R. No. 141

A RESOLUTION REQUESTING THE UNITED STATES SENATORS AND MEMBERS OF CONGRESS FROM GEORGIA TO COOPERATE IN SUPPORTING LEGISLATION TO ESTABLISH A PHARMACY CORPS IN THE UNITED STATES ARMY

(By Messrs. Rossee of Putnam and Cannon of Rockdale)

Whereas the State of Georgia has deemed it to be in the interest of the public health to enact legislation to regulate the manufacture and sale of drugs and poisons in this State; and

Whereas educational and experience requirements are set up as qualifications for the practice of pharmacy in this State, which is deemed to be in the interest of the health, welfare, and safety of our people; and,

Whereas H. R. 997 and S. 216 have been introduced in the Congress of the United States to establish a Pharmacy Corps in the United States Army; and

Whereas we believe the passage of these bills will insure to our millions of boys and girls, now in the armed forces, pharmaceutical services comparable in quality to that available to the citizens of this and other States; be it therefore

*Resolved by the House of Representatives of the State of Georgia, the Senate concurring,*

1. That this General Assembly of the State of Georgia respectfully urge the representatives in the Senate and House of the Congress of the United States to give their full and earnest support to the passage of H. R. 997 and S. 216; and

2. That a copy of these resolutions be forwarded immediately to the two Senators and each Congressman from the State of Georgia, and to the respective chairmen of the Senate and House Committees on Military Affairs.

In House: Read and adopted this March 12, 1943.

In Senate: Read and adopted this March 18, 1943.

[SEAL]

ROY V. HARRIS,  
*Speaker of the House.*  
P. T. MCCUTCHEM, JR.,  
*Clerk of the House.*  
FRANK C. GROSS,  
*President of the Senate.*  
HENRY W. NEVINS,  
*Secretary of the Senate.*

#### STATE OF MICHIGAN

#### \* MICHIGAN LEGISLATURE

#### Senate Concurrent Resolution No. 16

By Messrs. Logie and Tripp

#### A CONCURRENT RESOLUTION MEMORIALIZING CONGRESS TO CREATE A PHARMACY CORPS IN THE UNITED STATES ARMY

Whereas there is now pending in the Congress of the United States, H. R. 997 and S. 216, to create a Pharmacy Corps in the United States Army; and

Whereas there is a definite need in this war emergency for the capable handling of drugs, medicines, and pharmaceuticals which are used in the treatment of diseases of our boys and girls in the armed forces; and

Whereas at the present there is no law providing for the creation of such a Pharmacy Corps; now, therefore, be it

*Resolved by the Senate (the House of Representatives concurring),* That we memorialize the Congress of the United States to put forth every effort to see these two bills enacted into law; and be it further

*Resolved,* That a copy of this resolution be sent to the President of the United States, to the chairmen of the Military Affairs Committees of the Senate and House, and to the Congressional delegation of Michigan.

Adopted by the Senate, March 9, 1943.

Adopted by the House of Representatives, March 10, 1943.

FRED I. CHASE,  
*Secretary of the Senate.*  
MYLES F. GRAY,  
*Clerk of the House of Representatives.*

(Whereupon, at 12 o'clock noon, the committee went into executive session.)











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